

CHEMIST & DRUGGIST

The newsweekly for pharmacy

April 9, 1994

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Health Care

Community group gets major backing

Plot thickens in Durrington

CA calls for paracetamol with antidote

New role for Allen at NPA

BPSA votes against graduate tax

Out & about with pharmacist athletics coach

Managing to survive your accounts

Unichem take on 21 outlets

"I'll make your cash register ring."



Now can I ask a favour

This actress is appearing in a multi-million pound consumer campaign for Canesten pessary. Added to Canesten's prescription heritage and its already dominant position in the market, this campaign is bound to increase your sales. Now, there is one problem you can help us with.

We've found out that many thrush sufferers use just one kind of Canesten – the 1% Cream, designed for external use only. But first and foremost, they need to treat the cause of thrush, which, as we know is inside the vagina. That's one to recommend for that is Canesten pessary (or 10% VC, for women who have vaginal dryness problems). It starts working immediately and clears all the symptoms within three days.

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Canesten[®] 1 Pessary
CLOTRIMAZOLE VAGINAL TABLET

Treat the cause, not just the it

Product Information

Presentation: Canesten 10% VC is available as a single pre-filled applicator containing 5g of 10% clotrimazole vaginal cream. Canesten 1 is available as a single vaginal tablet containing 500mg clotrimazole and an applicator in which to place the tablet for insertion. **Uses:** Candidal vaginitis. **Dosage and Administration:** Canesten 10% VC. Adults: Insert the contents of the pre-filled applicator intravaginally, preferably at night. Canesten 1. Adults: Place the Canesten 1 vaginal tablet in the applicator, and insert intravaginally, preferably at night. Children: Since both of these products are used with an applicator, paediatric usage is not recommended. **Contra-indications:** Hypersensitivity to clotrimazole. **Side-effects:** Rarely patients may experience local mild burning/irritation immediately after inserting the cream. Hypersensitivity reaction may occur. **Use in Pregnancy:** In animal studies clotrimazole has not been associated with teratogenic effects but following oral administration of high doses to rats there was evidence of foetotoxicity. The relevance of this effect to topical application in humans is not known. However, clotrimazole has been used in pregnant patients for over a decade without attributable adverse effects. It is therefore recommended that clotrimazole should be used in pregnancy only when considered necessary by the clinician. If used during pregnancy extra care should be taken when using the applicator to prevent the possibility of mechanical trauma. **Accidental Oral Ingestion:** In the event, routine measures such as gastric lavage should be performed as soon as possible after ingestion. **Pharmaceutical Precautions:** Canesten 10% VC. Do not store above 25°C. Canesten 1. No special storage precautions are necessary. **Legal category:** P. **Retail Selling Price:** £5.95 for each product. **Product Licence Number:** Canesten 10% VC. PL 0010/0136. Canesten 1. PL 0010/0083. **Date of Preparation:** August 1992. **Further information available from:** Bayer plc, Pharmaceutical Division, Bayer House, Strawberry Hill, Newbury, Berkshire, RG13 2AT.



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CHEMIST & DRUGGIST

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EDITORIAL

Editor: John Skelton, MRPharmS
Deputy Editor: Patrick Grice, MRPharmS
Contributing Editor: Adrienne de Mont, MRPharmS
Assistant Editor: Jane Feely, PhD, MRPharmS
Business Editor: Anna Evangeli, BSc
Beauty Editor: Sarah Purcell, BA
Technical Editor: Maria Murray, MRPharmS
Reporter: Marianne Mac Donald, MRPharmS
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Advertisement Manager:
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 Julian de Bruxelles

Doug Mytton

Production: Alex Craven
Advertisement Director:
 Frances Shortland

PUBLISHER

Ron Salmon, FRPharmS

PUBLISHING DIRECTOR

Felim O'Brien

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 Telephone: 0732 364422
 Telex: 95132 Benton G
 Facsimile: 0732 361534

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Comment

At its meeting next week, the Royal Pharmaceutical Society's Council will publish the list of candidates for annual elections for the seven places available. The astute reader of the pharmaceutical Press can normally judge the likeliest folk to go on the stump from careful reading of the Spring letters pages, for once candidature is declared, it is closed season for would be Councillors.

Despite the oft-repeated official warning on election procedures, *Chemist & Druggist* has not favoured the vow of silence required of the candidates. Sitting tenants usually have legitimate public speaking opportunities lined up and members who practise in the multiples can normally rely on the company vote. The Young Pharmacists' Group hustings will take place on April 24 and will be reported. *Chemist & Druggist* invites each candidate to submit an electoral letter of no more than 300 words during the election period. The letters will be published subject to normal editing rules.

There have been upsets in the Pharmaceutical Services Negotiating Committee elections and with Peter Curphey identifying apathy among voters (**Letters p602**) a good turnout is essential to give new Council members a clear mandate at this challenging time.

Chemist & Druggist 9 APRIL 1994

We received an April Fool nomination for Council which just missed our April 2 deadline. Nonetheless, we are pleased to quote from Gerry Hughes' spoof nomination address, penned by pharmacist friends in Glasgow and beyond: "Pharmacists must market their skills more effectively towards customers, health boards, other health professionals, social departments and other decision makers. We must get involved in more health promotion exercises such as needle exchange, smoking cessation, pregnancy testing, and blood pressure monitoring. Pharmacists must be able to combine the best of professionalism with commercialism, not in one-off opportunistic sales but in considered advice to customers, residential homes, local formulary collaboration and effective use of computerised patient medication records... There is a need for better retailing environments with all pharmacies being made attractive places to shop..." And the April Fools go on...

Council candidates may well present much worse manifestos. We commend the sentiments of Gerry Hughes' colleagues to RPSGB members and candidates as right-minded thinking for the progressive pharmacist in the future. Don't waste your vote. *Tempus fugit*.

YPG starts action plan for community group

The Young Pharmacists' Group has embarked on an "action plan" to support the Community Pharmacy Membership Group.

The YPG has the backing of other pharmacy organisations in fighting the Royal Pharmaceutical Society's Council's decision to put the community group "on the back burner." Chairman Andrew Burr told *C&D* it was the biggest campaign the YPG had ever staged.

The YPG has written to all the Society's branches asking them to fill in a questionnaire. The letter includes an application form to encourage branch members to join the community group. Mr Burr believes it is vital to establish pharmacists' views

before pursuing the matter at the Society's annual meeting for the second year running.

The questionnaire asks if the branch believes that:

- a community group should be established
- whether Council was right to postpone elections for the group's committee
- was Council right to demand a £10 membership fee?
- could the Society have done more to promote the group?
- should Council reconsider its decision on the community

group committee elections?

A letter has also gone to each Council member who voted to cancel the election and the Society's president, to clarify their reasoning and to find out if they are in favour of a community group.

Mr Burr hopes Council will vote again on the issue.

The YPG action has the backing of the Pharmacy Support Group, the Rural Pharmacists' Association and the Joint Boots Pharmacists' Association.

Homoeopathy rules clarified

Amendments have been made to clarify Regulations already in existence on homoeopathic medicines.

The latest Regulations (S 1994, No 899; HMSO, £2.80) set out the criteria for determining whether a product is sufficiently diluted to be safe.

Another amendment requires the licensing authority to consult the Advisory Board on the Registration of Homoeopathic Products before revocation, as well as before suspension, of a registration certificate (except in an emergency).

The amending Regulations will come into effect on April 20.

Rules on professional services

Regulations coming into effect on April 15 specify the additional professional services which pharmacists may provide under the NHS in Scotland. They are:

- Setting aside a display area for health education material.
- Advice and counselling on medicines and appliances.
- Clinical audits (defined as "the systematic and critical analysis of the quality of clinical care").
- A practice leaflet with name, address and telephone number of the pharmacy and the hours the pharmacist provides services; details of after-hours and other urgent requirements; statements that NHS prescriptions are dispensed and which NHS services are provided and that a pharmacist is available to advise on medicines and common ailments.
- NHS (General Medical and Pharmaceutical Services) (Scotland) Amendment Regulations 1994 (No 884 (S36); HMSO, £1.10).



Price controls relaxed - see Business News, page 607

Boots Statutory Committee referral over Wiltshire collection service

The Royal Pharmaceutical Society is to refer Boots the Chemist, Salisbury, to the Statutory Committee for continuing to operate a prescription collection and delivery service for a doctor's

surgery next to a new pharmacy.

Ruth Rodgers, head of the Ethics Division of the Society's Law Department confirmed that the collection and delivery service in Durrington was considered by the Ethics Infringement Committee at its March meeting. As a result, Council decided to write to Boots asking them to stop the "unethical" service.

Boots refused to stop the service so it was decided to refer the case to the Statutory Committee.

Affected pharmacist Sultan Dajani, who works at the recently-opened Edwards Chemist in Durrington, thinks local doctors resent the pharmacy because it has taken away their dispensing business. The doctors have been sending prescriptions 12 miles away to Boots instead (*C&D*, March 19, p453,482).

Another surgery in Durrington, run by Drs W.M. and C.C. Grummitt, has approached Hume Chemists in Amesbury

about a collection and delivery service. Patients were told that after May 31, the surgery will be unable to dispense for patients living within a mile of a pharmacy.

"Non-dispensing" patients who fill in a form would be able to use a new service operated by Hume's. "Patients, of course remain free to take their prescription to any chemist of their choice," the form adds.

Hume's manager, David Porter told *C&D* he refused to run the service for Avon Valley, but later discovered that Boots had agreed. So when he was approached by Dr Grummitt's surgery he said yes knowing that if he did not agree Boots would. "My argument is with Boots," he said.

Dr Grummitt's surgery has complained to the local Health Commission that Edwards has been closing before 6.30pm on weekdays, something which Mr Dajani rejects.

GPs keen on joint meetings

Over 30 Sheffield GPs are participating in a series of joint meetings with community pharmacists.

The Centre for Postgraduate Pharmacy Education's pharmacy tutor for the area, Peter Magirr, says: "It's excellent. It's most encouraging that both GPs and pharmacists have this enthusiasm." A similar number of pharmacists are likely to attend.

This is the first time joint meetings have been organised under the auspices of the CPPE.

A letter has been sent out to all GPs in Sheffield by Mr Magirr and

the local GP clinical tutor inviting them along to the meetings.

"We hoped to recruit 15 GPs and 15 pharmacists and this has been well over-subscribed," says Mr Magirr.

The three evenings in April will cover areas of joint interest:

- the issues surrounding generic prescribing
- GP and pharmacist co-operation
- health promotion.

Pharmacists who wish to attend should contact Mr Magirr on 0742 462636.

CA calls for paracetamol with antidote

"New types of paracetamol must be developed to protect people from fatal overdose," urges the Consumers' Association in the latest issue of *Which?* magazine.

Although the widely-available pain relief drug is safe in moderation, just double the recommended dose can result in a potentially deadly overdose, the magazine warns. "A new paracetamol, with a built-in antidote, is much needed."

Helen Parker, acting editor of *Which?*, calls on the industry, Government and health specialists to work together to make sure that new drugs go on sale as soon as possible.

Pameton, a paracetamol and antidote combination produced by Sterling Health, is expensive,

unpalatable to some and almost impossible to find, the magazine claims. Researchers who visited 20 pharmacies in London and Liverpool were unable to find one shop who stocked it. In 17 of the pharmacies the staff hadn't even heard of Pameton. Another brand is currently waiting for a licence.

"Sterling Health say they have had little demand for Pameton," says Ms Parker. "We hope the new Pameton product, assuming it gets its licence, will be more widely available."

Reporting on the analgesics market as a whole, the CA says it found "a bewildering selection" of more than 70 painkilling products on sale. It advises customers to opt for generic brands which, it says, are cheaper

than brand, and to examine names like "extra" which can mean different things in different product ranges.

• *Which?* is urging the Medicines Control Agency to warn the public about the potential danger of taking aspirin regularly without medical supervision, after newspaper stories of the role the drug may play in reducing the risk of heart attacks or strokes.

In the US, authorities are considering warnings on OTC packs saying: "See your doctor before taking this product for your heart or for other new uses of aspirin because serious side-effects could ensue with self-treatment". The CA plans to write to the MCA urging similar action in the UK.

Hospital locum fee ceiling is removed

The ceiling on payments made for hospital locums engaged through private agencies was removed by the Government from April 1.

In a letter to chairmen of NHS Trusts, Health Minister Dr Brian Mawhinney emphasised that the move would give employers valuable flexibility to hire locums with specific skills and would also be cost-effective.

"The Government favours deregulation and delegation of decision-making to local level," he said.

"In the NHS, managers are being encouraged to use their freedom responsibly to find local solutions to local problems. I believe that the imposition of a centrally-set limit on payments discourages local initiative."

Dr Mawhinney's letter points out that there should be no resulting increase in costs, rather the aim should be to reduce overall expenditure.

"Where private agencies have to be used in the last resort, Trusts should negotiate charges with individual agencies relevant to local circumstances," the Minister's letter said.

"However, in the first instance, forward-planning for known vacancies and cost-effective methods of providing cover, including the expansion of non-profit-making NHS agencies should be actively explored," he concludes.

New industry coalition to end animal testing

In a bid to end animal testing in cosmetics, four manufacturers have formed The Cosmetics Industry Coalition for Animal Welfare (CICAW).

Montagne Jeunesse, Beauty Without Cruelty, Honesty and Pure Plant have joined up to inform people about misleading labelling claims; highlight the animal testing issue and encourage companies to adopt a fixed cut-off date for using new ingredients tested on animals.

Any company may join the coalition, provided they adopt a fixed cut-off date policy, not the five-year rolling rule many prefer. Companies are encouraged to go for the 1976 date, after which all new ingredients will have been tested on animals, but will accept dates up to 1986.

The five-year rolling rule lets companies use new ingredients, which may have been tested on animals, once they are more than five years old.

The move from the multi-fee system of remuneration should enable community pharmacists to develop new roles in primary and community care, Graeme Millar, out-going chairman of the Scottish Pharmaceutical General Council, told the Standing Committee's annual dinner in Edinburgh on March 25.

Present to hear Mr Millar's thoughts for the future was principal guest Lord Fraser of Carmyllie QC, the Scottish Health Minister, who was accompanied by a number of senior officers from the Scottish Office Home and Health Department.

"We have moved from a multi-fee system with a perceived element of profit which inhibited involvement with other health-care professionals in the primary care setting," Mr Millar told them. "We now have a single fee structure with a substantial professional allowance achieved by a redistribution of available finance in Scotland."

The recent settlement reflected the need to monitor the traditional "counting and licking" dispensing service while

Millar: Move from multi-fee system helps new roles



Lord Fraser of Carmyllie QC (right) is welcomed to the Scottish Pharmaceutical Standing Committee dinner by Graeme Millar, chairman of the Scottish Pharmaceutical General Council. Andrew Taylor has now taken over as SPGC chairman, George Romanes as vice-chairman

allowing the other skills of the pharmacist to be developed further, Mr Millar explained. He added that none of the proposed future activities in this field threatened the existing roles of

other professions.

"I believe our new contract has only been achieved through maintaining a good working relationship with our colleagues in the Scottish Office," he said.

Birmingham LPC

John Nicholls is chairman of Birmingham Local Pharmaceutical Committee while Jan Nicholls is the West Midlands regional PR officer, and not as stated in last week's *C&D* (page 540).

Temazepam review

The Licensing Authority has no plans to ban temazepam capsules, according to Junior Health Minister Tom Sackville. In a Parliamentary answer, he said the Secretary of State for the Home Department was currently reviewing whether temazepam should be rescheduled under the Misuse of Drugs Regulations 1985.

Practice research

Pharmacists are reminded that the closing date for submission of material for the practice research session at this year's British Pharmaceutical Conference is April 15. Contributors should contact Sylvia King at the Royal Pharmaceutical Society on 071-735 9141 ext 2761.

Air pollution

Air pollution will be one of the main concerns of National Hayfever Week being run by the British Allergy Foundation from May 9-13. Much of the costs of the week, including a new hayfever booklet and an information line, will be met by Glaxo Pharmaceuticals.

Helfex soon

Helfex 94 takes place at Wembley Exhibition Centre on Sunday and Monday April 10-11. Entrance is free and the show is open from 9.30am to 5pm on Sunday and from 10am to 4pm on Monday. There are 40 new exhibitors, 20 from overseas, including dietary supplements, complementary medicines and cruelty free cosmetics and toiletries.

New post at NPA for Mary Allen

The Board of Management of the National Pharmaceutical Association has appointed Mary Allen to the new post of manager, professional and information services. Mrs Michelle Styles takes over as the new head of the Information Department.

The appointments reflect the Boards' determination to keep NPA members fully up-to-date with the changes in professional practice and remuneration which may affect their livelihood, a statement for the Association says. "Mrs Allen will co-ordinate NPA initiatives to offer members the skills and knowledge they need to take full advantage of new opportunities."

A registered pharmacist, who has headed the Information Department for the past six years, Mrs Allen will retain overall responsibility for the NPA's Information Services. Day-to-day running of the Information Department will pass to Mrs Styles, a pharmacist who trained at Aston University and was the first student to complete part of a preregistration year at the NPA.



Mary Allen, the NPA's new manager of professional and information services (left) with Michelle Styles, the new head of the Information Department

She has been on the staff at Mallinson House for four years.

Ms Allen told *C&D* that she sees her new role very much as an extension of her previous job but one that will allow her more time to help pharmacists extend their practice roles.

Involvement over the years with welfare milk schemes,

services to residential homes and in setting up the hospice pharmacists group, of which she is facilitator, has given her an insight into pharmacy practice. A trip last year to see how things are done on the other side of the Atlantic, will also prove invaluable, she says.

"I think it is very important that pharmacists should be in a strong position to demonstrate that they have an important contribution to make," she said. "I am looking forward to working closely with Michelle and my other colleagues to help develop the pharmacists' role."

Tutors see inadequacies

Some 57 per cent of pharmacy lecturers who have an increased teaching load believe the time they spend with undergraduates is "inadequate to maintain good educational standards". This was revealed in a BPSA Education Working Party survey presented at the BPSA conference.

Concern that education standards would decline if student intake when Sunderland school of pharmacy increased its graduate intake by 50 per cent.

The BPSA working party quantified any changes by surveying lecturers who had worked for three years or more in schools of pharmacy in England, Scotland and Wales.

Nearly 80 per cent noted that there had been an increase in the student to staff ratio, while 53 per cent felt they did not have the time to keep the course up to date. The report said this would be especially worrying if degree courses are extended by one year.

The key areas to suffer have been those dependent on contact time with tutors and availability of library facilities. Some 58 per cent of lecturers believe that library facilities are not "adequate to maintain good standards of pharmaceutical education".

Chris Poole, BPSA treasurer and report author, said "the Society must be more vigilant in the future and question any further increases in undergraduate recruitment, paying particular attention to student/staff ratios and library facilities."

BPSA rejects calls for graduate tax

Calls for the Royal Pharmaceutical Society to introduce a graduate taxation scheme were rejected at this week's British Pharmaceutical Students Association conference.

Proposing the motion, BPSA president Gianpiero Celino told delegates during a fierce debate: "We are looking at an opportunity to give you [students] a comfortable existence which does not tax you to the same extent as the grants and loans system does at the moment."

He asked that students be provided with a reasonable income of around £3,000 per annum which would be repaid throughout a graduate's working life by means of an extra 1-2 per cent taxation. This would only be payable when graduates were eligible to pay the normal level of income tax. Monies would also be contributed to schools of pharmacy.

Chris Poole, BPSA treasurer, agreed with Mr Celino that it was a "fair system" where graduates paid what they could, dependent on what they were earning.

Emma Doyle opposed the motion. "Education benefits society as a whole and this should be paid for by income tax," was her belief.

Joel Hirst expressed his concern that graduate taxation "takes the responsibility away from Government and puts it onto individuals."

Although the motion was lost and will not now be debated at the Royal Pharmaceutical Society's Branch representatives meeting, two other motions will be. These are:

- a demand that extra funding should be available for pre-registration students to take part in national continuing education courses,
- a call for a local introductory seminar for preregistration students and their tutors to be provided by the RPSGB.

Other motions which will be considered by the Society's Council include:

- That the RPSGB should incorporate a statement into the Code of Ethics which outlines the maximum daily working hours and minimum rest breaks for all pharmacists
- The BPSA condemns the potential sale of HIV testing kits in pharmacies but will allow these kits to be used in pharmacies, until a cure for AIDS is found.

Fundholding to be extended, says Bottomley

Extending the benefits of fundholding to every general practitioner is the key priority of the next stage of the health reforms, Health Secretary Virginia Bottomley has warned.

The key to even better services is developing the potential of health purchasing, she told a joint conference of the National Association of Fundholding Practices and the Royal College of Nursing.

Experience of the reforms so far is that fundholders have, by and large, led the way in innovative purchasing, she said. "They have made services respond and improve to meet patient needs." But, Mrs Bottomley warned, reforms would go further.

"Some people conclude that fundholding is too disruptive and should be scrapped. My conclusion is exactly the opposite: when you have found something that works, you build on it, extend and amplify it, so that its benefits can flow to

everybody. We must level up not level down," continued Mrs Bottomley.

"This is my message to the NHS: fundholding is on its way. The greater leverage it has given GPs to improve services will become as much part of the health services tomorrow as Trusts now are."

Over the next few months, ministers will be reviewing fundholding to establish practical ways in which it could be widened, Mrs Bottomley said.

The review would look in particular at small practices, at extending the scope of the scheme, and of implementing the Patient's Charter in primary care.

The London Implementation Group have been asked to look at how GP fundholding could be developed within inner London while the King's Fund will be setting up a database of purchasing innovations to help identify good practice in all areas on fundholding activity.

Residential conference in Dorset

Around 30 community pharmacists in Dorset have completed the second phase of their residential update course.

Organised in consultation with the Local Pharmaceutical Committee, the event was sponsored by Dorset Health Commission.

The three-day course can be used to prepare for the joint accreditation scheme being considered in the area.

It covered subjects including enhanced communication and counselling skills, managing therapeutic risk, and community care with interest in assessment and planning of care. Workshops were a prominent feature of all the sessions.

Bill Ritchie, spokesman for Dorset LPC, said the course gave ample time for informal interchange of pharmaceutical ideas and did much to enhance the professional commitments of all participants.

The LPC sees the course as complementary to those on offer from the Centre for Pharmacy Postgraduate Education, providing a more comprehensive and co-ordinated approach.

"We had phase one of the course last March and phase two went down very well with the participants," Mr Ritchie told *Chemist&Druggist*.

Kent publicises DUMP

The success of an on-going unwanted medicines campaign through pharmacies in Kent has prompted the Family Health Services Authority to organise a three-month publicity campaign.

Kent's 266 pharmacies have been collecting returned medicines for the past year. However, the amount of medicines collected every quarter has risen.

This campaign aims to educate patients not to hoard drugs, says Sheila Jeffery, contracts manager at Kent FHSA.

Posters highlighting the need to safely dispose of old medicines will be distributed to all pharmacists, doctors, dentists, opticians and libraries. Pharmacists will also receive leaflets to attach to dispensed medicines.

Sharon Povey, pharmacy manager at Safeway, Tunbridge Wells, welcomes the initiative. "It's a very good idea for people to be made aware that we can clear away their unwanted medicines from their cabinets."



POM to P supply and demand problems

With all the recent staff training on new products, I have lost track of time and it was not until I read last week's *Chemist & Druggist* that I realised that H₂ antagonist fever was about to hit the television screen with a start of the Pepcid AC campaign on April 3 (*C&D* April 2, p547).

Then I realised that the only thing lacking from the original letter promising superb back-up and training was the promised contact with the company representative. I immediately ordered stock from my wholesaler but surprise, surprise, they only had one size left! I may be an insignificant cog in a very large wheel, and I know that the local large multiple has all sizes in stock, but after all the support from my colleagues for Centra's profit margin policy, it would have been so nice to have been personally contacted for my opening order.

But that is not a complaint I am able to levy against Smithkline Beecham, nor against all those assorted manufacturers of sodium cromoglycate 2 per cent eye drops. At the last count, there were five on offer and all actively identical. I remember when hydrocortisone 1 per

cent went OTC the manufacturers were falling over themselves to benefit from this Pandora's box, but the eventual result was that few stayed the course and I am now content with my one generic supplier (1993 supply hiccup excepted).

Similarly, I cannot see five branded sodium cromoglycate eye drops surviving the battle and have already decided to only stock Bro-leze and Opticrom. Only time will tell whether my decision is correct, but I can see no rationale for being able to offer my patients the choice of five identical products.

Wholesaling — a full-line affair?

I was delighted to see that the Yorkshire Pharmaceutical Alliance are almost ready to start operating as a full-time wholesaler even though I will be unable to enjoy their services (*C&D* April 2, p567).

The establishment of a new regional wholesaler goes against the trend of the last few years, as confirmed by Unichem last week when they admitted that there are now few opportunities left for growth by acquisition (*C&D* March 26, p526). But I have little sympathy for Unichem who are saying that, having devoured the opposition, they are now going to have to rely for future growth on direct competition with national companies similar to themselves.

The irony is that they helped to initiate this destruction and, in the discount wars of the '80s, the principal winner was a delighted spectator, the Department of Health, with the loser, as always, the independent pharmacist who now enjoys neither competitive wholesaling nor the increased profits from discounts.

In Yorkshire, with their tradition of support and involvement in their own regional wholesaler, this new venture may hopefully survive,

but there has so far been little evidence of similar commitment from independent pharmacists elsewhere in the country.

But I do detect a groundswell of opposition to profit margins which discriminate against the small independent. Occasionally I already benefit from a local *ad hoc* arrangement of splitting bigger parcels with a few colleagues and we have plans for further co-operation.

The resurgence of the regional full-line wholesaler is probably an unattainable dream, but the establishment of properly organised local independent buying groups could become reality and thereby substantially improve the profitability of many independent pharmacies.

P&G nappy sweetener days ahead?

I have always enjoyed good chocolates, so when a box of the Belgian variety arrived unannounced, courtesy of Procter & Gamble, my sweet tooth overcame my principles. I did share them with the girls, but made sure my ration matched my managerial responsibilities. Dotty called it gluttony!

The contents consumed, I then began to question this unaccustomed generosity from P&G but all I could find in the box was a promise of further goodies to come in future editions of my wholesaler's PLOF. I am assuming this will mean some improved offer to enable me to sell Pampers and also make a profit!

At the moment Pampers cost me at PLOF price £6.10 which, when I can buy them retail at the local drug store for £5.99, is hardly designed to make my mouth water in anticipation. Nappies at the moment are the bane of my existence. They occupy vast areas of shelf space for totally inadequate return, but I have to stock them in order to retain that valuable young mum custom. So far P&G have been at the forefront of ruining my profitability, but perhaps this little sweetener is, in truth, a taste of better things to come.

Topical REFLECTIONS

Scriptspecials

New proton pump ulcer inhibitor for ulcers

Zoton (lansoprazole) is a new proton pump inhibitor from Lederle Laboratories indicated for the treatment of acid-related disorders of the upper gastrointestinal tract including duodenal ulcer, benign gastric ulcer and reflux oesophagitis.

Lansoprazole specifically inhibits the H^+/K^+ ATPase (proton pump) of the parietal cells in the gastric mucosa. A single dose of 30mg lansoprazole inhibits stimulated acid secretion by approximately 80 per cent and is said to be effective from the first day of dosing. Lansoprazole has a prolonged pharmacological action and provides effective acid suppression over 24 hours.

Product licence holder Cyanamid of Great Britain Ltd, Fareham

Road, Gosport, Hampshire PO13 0AS

Presentation Two-tone lilac and purple capsules containing 30mg lansoprazole as enteric coated granules

Indications Healing of duodenal ulcer, benign gastric ulcer and reflux oesophagitis. Lansoprazole is also effective in patients with benign peptic lesions, including reflux oesophagitis, unresponsive to H_2 receptor antagonists

Dosage For duodenal ulcer the recommended dose is one 30mg capsule daily for four weeks. For benign gastric ulcer the recommended dose is 30mg once daily for eight weeks. For reflux oesophagitis the recommended dosage is one capsule daily for four weeks. The majority of

patients will be healed after the first course. For those patients not fully healed after the first course, a further four weeks treatment at the same dosage should be given.

The capsule should be administered in the morning before food and is swallowed whole, not chewed or crushed

Contra-indications None known
Precautions The possibility of malignancy should be excluded when gastric ulcer is suspected as symptoms may be alleviated and diagnosis delayed

Side effects Include headache, diarrhoea, abdominal pain, dyspepsia, nausea and vomiting — said to be generally transient and self-limiting

Interactions Lansoprazole is hepatically metabolised and is a weak inducer of cytochrome P450, therefore there is a possibility of interaction with other drugs metabolised by the liver such as oral contraceptives, phenytoin, warfarin and theophylline. Antacids and sucralate may reduce the bioavailability of lansoprazole and should not be taken within an hour of lansoprazole

Legal category POM

Pack sizes Blister packs of 7 (basic NHS price £9.09), 14 (£18.18), 28 (£33.36) and 56 (£66.72) capsules

Product licence number PL 0095/0264

Caverject — self-injection therapy for impotence is a first

Caverject (alprostadil) powder for injection is the first product to receive a UK product licence for the diagnosis and treatment of erectile dysfunction

Alprostadil (prostaglandin E_1) is a vasodilator and is an effective aid in the diagnosis and treatment of impotence as it dilates blood vessels in the penis facilitating increased blood flow.

The initial dose of alprostadil is 2.5mcg with subsequent upward titration of the dose in increments of 2.5mcg. The majority of patients are said to achieve a satisfactory response with doses in the range of 10 to 20mcg.

The usual maximum recommended frequency of injection is no more than once daily and no more than three times weekly. Doses of greater than 60mcg of alprostadil are not recommended.

The first injection of alprostadil must be done by medically trained personnel. After proper training and instruction it may be self-injected at home.

Studies have shown Caverject to be well tolerated and rated highly by patient and partner for therapeutic satisfaction.

The Caverject pack for a single use self-injection treatment contains: a vial of Caverject powder (alprostadil 20mcg); 1ml vial of bacteriostatic water for injections; a syringe; needles for reconstitution and needles for injection; two Mediswabs, and a patient information leaflet. Caverject must be stored in a refrigerator and the reconstituted solution should be used immediately and not stored. The basic NHS price for the Caverject pack is £9.95.

Upjohn Ltd say research shows that 2.3 million men over the age of 16 in the UK suffer from erectile dysfunction in any two-week period and that the causes are many and varied. The company says Caverject is effective in over 70 per cent of cases with various aetiologies and that it has up to 100 per cent effectiveness in neurogenic and psychogenic cases. **Upjohn Ltd.** Tel: 0293 531133.

Ditropan injunction

Primecrown have had their product licence for Ditropan suspended and a continuing injunction by Smith & Nephew Pharmaceuticals prevents Primecrown from importing or selling Ditropan tablets.

Co-danthromer dose

The dosage recommendation for strong co-danthromer suspension has been altered: the adult dose is one 5ml spoonful at bedtime or as directed. It is not recommended for children under 12 years. **Napp Laboratories.** Tel: 0223 424444.

Shingles pack

A 35-tablet shingles treatment pack of Zovirax 800mg is being made available through **Discpharm Distributions Ltd.** Tel: 0784 464306.

Klaricid amendment

Klaricid's (clarithromycin) bactericidal activity against *H.*

pylori has been established allowing a change to the Data Sheet. Some 95 per cent of patients with duodenal ulcer are infected with *H. pylori* and the need for eradication therapy is becoming widely accepted. Klaricid's bactericidal activity is enhanced at neutral pH. In clinical trials it has been used in combination with an acid suppressant and has constantly delivered eradication rates of around 80 per cent. **Abbott Laboratories.** Tel: 0795 580099.

New Unistik 2

Unistik 2 Extra depth is a new disposable finger-pricking device with deeper needle penetration than Unistik 2. It is designed to meet the needs of patients with thicker skin on their fingertips or where larger blood samples are required. Unistik 2 Extra Depth is available in boxes of 100 at a trade price of £7.80 and a recommended retail price of £12.10. **Owen Mumford Ltd.** Tel: 0993 812021.

Medical Matters

Insulin analogue better

An insulin analogue under development has been shown to reduce blood sugar levels quicker than human regular insulin, according to a study published in the American Diabetes Association's journal, *Diabetes*.

The Diabetes Control and Complications Trial (DCCT) found the analogue achieved double the concentration of regular insulin in the blood, reaching its maximum concen-

tration at 42 minutes after injection; regular human insulin achieves this 101 minutes.

This rapid absorption of the insulin analogue allows patients to inject insulin immediately prior to eating. Human insulin has to be injected 30 to 60 minutes before meals to ensure sugar control is maintained.

In addition, the analogue is eliminated twice as quickly as human insulin.

Barbiturate price hike

The price of the Lilly range of barbiturates has increased up to ninefold following the transfer of the range to Kite Hellas Ltd, who are now sellers and suppliers.

The basic NHS price of Tuinal Pulvules (100mg × 100) increases from £3.69 to £16.32; Amytal tablets (50mg × 500), £9.63 to £38.64; Seconal Sodium Pulvules (100mg × 100), £8.84 to £29.56; (50mg × 100), £5.84 to £24.64; Sodium Amytal Pulvules (60mg × 100), £6.26 to £14.44, (200mg × 100) £3.14 to £28.40, and Sodium Amytal Injection (500mg × 10 vials) £13.75 to £56.57.

From April 1 all the above products will be supplied in Kite Hellas livery from **Dristiphar UK.** Tel: 081-993 4441.

PRODUCT INFORMATION

Composition: Colourless gel containing lavender fragrance containing ketoprofen BP 2.5% w/w.
Indications: Relief of pain and inflammation associated with rheumatism, muscular and joint pain, sprains, strains and sports injuries.
Usage: Apply a thin layer to the affected area three times a day for up to 7 days. The gel is applied it should be rubbed in well.

Contraindications: Patients with hypersensitivity to ketoprofen, aspirin or other non-steroidal anti-inflammatory drugs, patients suffering from asthma with a history of bronchial asthma or allergic disease, sensitive dermatoses, eczema, and infected skin lesions, broken skin.

Precautions: Oruvail Gel should not be applied to mucous membranes or eyes, or used with occlusive dressings. Caution in patients with severe renal impairment. Should a skin rash occur after gel application, cease treatment. Treatment should not continue for longer than 7 days. If symptoms persist consult a doctor. Keep gel away from flames.

Pregnancy and Lactation: Only when prescribed by a physician - see package leaflet.
Side Reactions: Skin reactions, including pruritus and contact dermatitis.

Status: 30g Packs - P
Selling Price: £3.95 (VAT)

Product Licence Number: 03.

Product Licence Holder: Rhone-Poulenc Rorer Ltd, Dagenham, Essex, SS7 7XS.

Supplier and further information available from: Rhone-Poulenc Rorer, Station Road, Eastbourne, East Sussex, TN39 3YG.

Date of Preparation: July 1993.

References: Pharmacist & Druggist, February 1993.

Additional data: Infoscane NMRA, Pharmacist excluding Boots, regularly audits on 5th March 1993.

References: Bennett, J.C. et al. Rheumatology, Suppl. 11-14, 1976. On file.

£3m promotional spend, including TV and national press



That's what Rhône-Poulenc Rorer are putting behind Oruvail Gel. For you. Because Oruvail Gel, in 30g tubes, is available only in pharmacies.

At just over £1 per tube sold¹, profit margins are high. And so has been the response from the market-place – the last TV campaign generated a 25% sterling share of the topical NSAID market² for Oruvail Gel.²

Oruvail Gel contains ketoprofen, which is more potent than ibuprofen in inhibiting the synthesis of the prostaglandins that cause pain¹. Furthermore, Oruvail Gel has been shown to be clinically superior to piroxicam gel in soft tissue injuries¹.

Oruvail Gel - real business with serious support.



Oruvail[®] gel

Ketoprofen

The key to deep down relief is the ketoprofen

It took a pharmacist to discover the answer to migraine

Migrave was discovered by a community pharmacist who understood migraine because he suffered it himself.

No wonder it is the answer to so many women's prayers.

And no wonder Migrave is now the most popular migraine specific treatment with combined prescription and over-the-counter sales.

With a £1M TV & Press campaign starting in April, make sure customers can see this profitable brand.

Call Lissi on 0420 84801 for details of a special order bonus offer with free pre-packed dispensers.



Migrave

Pink tablets - Bucizine hydrochloride 6.25mg, paracetamol 500mg, codeine phosphate 8mg. Yellow tablets - Paracetamol 500mg, codeine phosphate 8mg.

Now the No 1 NHS/OTC brand in the strong analgesic sector

£1M NOW on TV & Press



Charwell Pharmaceuticals Ltd, Charwell House, Wilsom Road, Alton, Hampshire GU34 2TJ

Counterpoints

Night-time pain relief from Whitehall

Anadin All Night is a new pharmacy-only controlled release formulation of aspirin from Whitehall Laboratories. It is indicated for the relief of mild to moderate pain throughout the night.

Each tablet contains 500mg aspirin in a controlled release presentation. Hundreds of crystals of aspirin are micro-encapsulated in a diffusion membrane of ethyl cellulose before compression into a tablet.

After oral administration, the tablet rapidly disintegrates in the stomach, releasing the microcrystals which are small enough to pass through the pyloric sphincter. The rate of release of aspirin from each encapsulated crystal is governed by the number of polymer coatings it has.

The pH of the surrounding medium has little effect on the rate of release. The effective analgesic level is achieved two hours after administration and is maintained for ten hours (from administration). Therefore, the company recommends that Anadin All Night be taken one or two hours before retiring. The usual dose is one or two tablets. Anadin All Night is available in packs of ten (£1.95) or 30 (£3.95).



The controlled release formulation results in a lower peak concentration of aspirin which may reduce the risk of side-effects.

Whitehall Laboratories will be providing all pharmacists with a range of educational material, including training packs and counter prescribing sheets, to ensure that pharmacy staff can advise on its appropriate use. A free booklet on aches and pains can also be obtained by writing directly to the company.

The consumer launch of the product will be supported by national TV and Press advertising as well as PR campaigns.

Approximately 15 per cent of the population suffers from pain which prevents sleep, including back pain, rheumatic pain and headaches. Research indicates that a significant proportion of the population currently takes no medication at all (30

per cent) or only medicate occasionally (31 per cent).

Whitehall believe the success of night-time analgesics in the US indicates this to be an area of great market potential in the UK. **Whitehall Laboratories. Tel: 0628 669011.**

Nelsons offer Classical starter pack

Nelsons have put together a launch pack which, they say, contains everything pharmacists and staff need to sell homoeopathic products with confidence.

The pack consists of:

- The Classical Series linear tray containing three each of the best-selling 38 homoeopathic lines;
- Twenty copies of the *Homoeopathy for the Family* consumer booklet which offers an introduction to self-treatment;
- Free copies of the *Nelsons Guide to Prescribing Homoeopathic Medicines*;
- A video entitled "Homoeopathy: the realistic alternative", which explores the history and science of the subject;
- A laminated reference sheet detailing the main indications for the Classical Series;

The £172 pack can be ordered through the sales force or on free order line 0800 289515. **A. Nelson & Co. Tel: 081-946 8527.**

Holiday tummy relief with Entrocalm

Entrocalm, from Galpharm, is the latest GSL product to relieve mild diarrhoea and "holiday tummy".

Each tablet contains kaolin 400mg and calcium carbonate 75mg, and is "pleasantly flavoured with carminative oils". The dose is five tablets up to four times a day for adults and children over 12 years, and two tablets up to four times a day for children aged 6-12.

A pack of 24 tablets retails at £1.89 with each outer of 12 available at a trade price of £14.47. **Galpharm International. Tel: 0484 722242.**

Get started with aromatherapy

A starter kit for those who want an easy introduction to aromatherapy has been introduced by Shirley Price Aromatherapy.

The kit contains a selection of the most popular essential oils and blends, together with advice on how to use them. Presented in a clear plastic wallet, the kit also contains aromatic body oil, carrier oils and a measuring cup.

The five oils included in the kit are lavender for

relaxing and soothing all skin types; lemon, a stimulating oil for revitalising the skin; juniper for healthy skin and scalp; tea tree for its antiseptic actions; and ylang ylang, a sensual oil for normalising oily skin.

There are also a selection of blends formulated to help tension headache, and help relieve stress. The kit costs £33.95. **Shirley Price Aromatherapy. Tel: 0455 615466.**



The Tommee Tippee Potette travel potty is just one of Jackel's baby care lines to be promoted through a series of Spring offers for both consumers and the trade. Consumers buying the travel potty (£5.99) get a free pack of disposable liners (worth £1.99) inside the carrying bag. For the trade, there are deals on Tommee Tippee Nuborn wide neck feeding bottles, feeding systems and teats, and a six-for-the-price-of-five deal on all decorated bottles. The rrp on silicone teats has been reduced by 20p to £1.15. **Jackel International. Tel: 091-250 1864**

Wash and Creme bar joins Palmolive

Colgate-Palmolive are looking to shake up the body cleansing market with the £4.4 million launch of a new Palmolive 2 in 1 Wash and Creme on April 18.

The new line is a syndet (synthetic detergent) moisturising bar which is said to moisturise and cleanse without the dryness of normal soap.

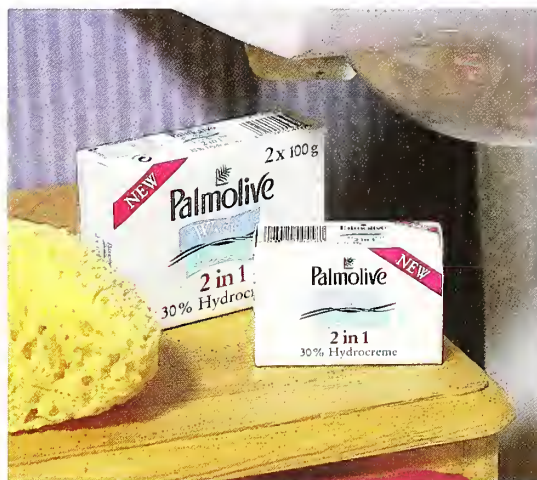
It is available in a 100g single pack (£0.79) or twin-pack (£1.49). The bar contains 30 per cent hydrocortisone to help soften and hydrate skin.

The company hopes the new launch will give Palmolive 2 in 1 a 4.5 per cent value share of its market with retail sales of £6.8m within a year of launch. The launch is part of a £9.3m spend behind the brand in 1994.

Palmolive 2 in 1 Wash and Creme will be supported by a £4.4m promotional effort. Television advertising will start in June, complemented by advertorials in the women's Press and distribution of over three million samples.

Palmolive predict the soap market will be worth £152.3m by the end of 1994.

Senior product manager for the range Tom Zerzan says the greatest



opportunity for growth lies in encouraging consumers to trade up to cleansing and moisturising bars. On a pence per gramme basis they offer a premium of over 250 per cent on ordinary soap. Research from Taylor Nelson indicates that the frequency of soap usage has declined slightly over the last few years as consumers seek added value. Colgate say Palmolive 2 in 1 is a traditional family range, although the Wash and Creme bar is positioned as a premium product.

• A price promotion during April is being run on the Palmolive 2 in 1 Shower and Bath range

through Unichem.

The brand is also being advertised nationally on television until the end of the month in a second burst of the "Skin care you can feel" campaign. An advertorial campaign in the women's Press and the distribution of 4 million samples will follow.

Colgate-Palmolive Ltd.
Tel: 0483 302222.

On TV Next Week

GTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky	G Granada	HTV Wales & West
Broadcasting	A Anglia	M Meridian
C Central	CAR Carlton	TT Tyne Tees
CTV Channel Islands	GMTV Breakfast	W Westcountry
LWT London Weekend	Television	

Arm & Hammer toothpaste:	CAR, BskyB, C4, GMTV
Colgate Precision:	All areas
Gliss Corimist:	C4, GMTV
Jordan Magic toothbrushes:	GMTV
Listerine:	All areas
L'Oreal Perfection:	All areas
Neutrogena T-Gel:	All areas
Nurofen:	All areas
Proflex:	C, M, C4, A, HTV
Radox Herbal Bath:	All areas except CTV, GMTV
Remegel:	All areas except CTV
Vaseline Intensive Care:	All areas

Witch Sunore offers relief from sunburn

Witch Sunore is designed to provide fast relief from the pain of sunburn.

From the makers of

Witch Stik, the new product contains witch hazel to calm and soothe sore skin. It is suitable for all-over body use. In a clear gel formulation, it retails at £4.25 (100ml).

Also new to the range is Afterbite, which provides relief from insect bites and stings, and nettle stings. Delivered in an applicator pen, Afterbite (14ml £2.49) has an alkaline formulation which works by neutralising the sting. **EC De Witt. Tel: 0928 579029.**

Wella add Real Gel Spray to Shockwaves



Wella are launching the latest variant in their Shockwaves range — Real Gel Spray — said to be the only gel spray that contains real gel.

It provides the hold of a traditional gel with the precision of a spray, say Wella, who hope to take advantage of the growing gel spray market.

The "real volume" variant adds volume and lift to normal or straight hair, while the "real curl"

spray energises curly hair.

Both are packaged in transparent bottles with pink or green pump action trimmings.

They will be available from April 11 at an introductory £1.75 for 150ml. The price will then rise to £2.25.

The entire Shockwaves brand will continue to be supported by cinema, radio and youth Press campaigns. **Wella Great Britain. Tel: 0256 20202.**

Relaunch for Nivea Shower Creme

Beiersdorf are relaunching Nivea Moisturising Shower Creme with a new formulation and packaging.

The new formulation (£2.25) includes moisturising agents, is soap-free, pH neutral, and dermatologically tested.

The relaunch is part of a substantial investment by

Beiersdorf who will be supporting the brand to the tune of £10 million this year. The shower care market is showing consistent growth (10 per cent to the year end 1993) with a move to more sophisticated products.

Smith & Nephew Consumer Products Ltd.
Tel: 021-327 4750.

Windsor's scent of blossom

Windsor Blossom is the newest floral fragrance in the Woods of Windsor toiletry range.

With attractive packaging featuring an orchard in blossom, there are ten products in the range. These include soap (three 100g bars, £6.30); eau de toilette (100ml spray £7.95); eau de

parfum (15ml spray £3.75); hand and body lotion (250ml £5.25); hand cream (100ml £3.95); talc (100g £3.75); bath and shower gel (250ml £5.25); perfumed drawer liners (box of six £6.75); wardrobe sachet (£3.95); paper sachet (£1.35). **Woods of Windsor. Tel: 0753 855777.**

Vitamin syrup for Minamino

Chancellor have added a multivitamin syrup for children and adults to the Minamino range.

The orange-flavoured sugar-free syrup contains nine vitamins (vitamins A, D, E, thiamine, riboflavin, vitamin B6, niacin, d-panthenol and vitamin C). It does not contain artificial colours, flavours or preservatives. The recommended dose for children aged 2-10 years is one 5ml spoonful daily.

The new line (200ml £2.65) has a shelf life of two years, but should be used within one month of opening. Packaging is in line with the orange scheme of the rest of the range. **Chancellor Group. Tel: 0978 661351.**

VIE
FRO

pharmaceuticals



The No.1 treatment for heartburn is going from strength to strength¹

When your customers have **severe or frequent symptoms of heartburn**, give them new **Extra Strength Gaviscon 500 tablets**.

The new **Gaviscon 500** OTC dedicated tablets are **lemon flavoured**, a taste that will attract new customers to the brand according to consumer tests, and generate extra revenue for you.

Remember that Gaviscon relieves the pain of heartburn in 4 out of 5 customers.^{2,3,4}

So if they've got **severe symptoms of heartburn**, give them new **Extra Strength Gaviscon 500** lemon tablets.



GAVISCON

Keeps acid where it works, not where it hurts

Gaviscon Essential Information

Product Information. Active Ingredients: Liquid Gaviscon: Sodium alginate BP 500mg, sodium bicarbonate Ph. Eur. 267mg, calcium carbonate Ph. Eur. 160mg per 10ml dose. Gaviscon 500 Tablets: Alginic acid BP 500mg, sodium bicarbonate Ph. Eur. 170mg, dried aluminium hydroxide gel BP 100mg, magnesium trisilicate Ph. Eur. 25mg per tablet. Gaviscon 250 Tablets: Alginic acid BP 250mg, sodium bicarbonate Ph. Eur. 85mg, aluminium hydroxide gel BP 50mg, magnesium trisilicate Ph. Eur. 12.5mg per tablet. **Indications:** Liquid Gaviscon & Gaviscon 500 Tablets: Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. Gaviscon 250 Tablets: Heartburn and acid indigestion. **Contra-Indications:** None known. **Dosage Instructions:** Liquid Gaviscon: Adults and children over 12: 10-20ml, children 6-12: 5-10ml liquid after meals and at bedtime. Children under 6: Not recommended. Gaviscon 500 Tablets: Adults, children over 12: 1 or 2 tablets after meals and at bedtime. Children under 12: not recommended. Gaviscon 250 Tablets: Adults and children over 12: 2 tablets as required. Children

under 12: Not recommended. Chew tablets thoroughly before swallowing. **Note:** 10ml liquid contains 6.2mmol sodium. One Gaviscon 500 Tablet contains 2.1mmol sodium. One Gaviscon 250 Tablet contains 1.02mmol sodium. Both liquid and tablet forms of Gaviscon are sugar-free. **Retail Prices:** Liquid Gaviscon 100ml £1.60, 200ml £2.86, Gaviscon 500 Tablets 12 £2.45, Gaviscon 250 Tablets 24 £1.95. **Product Licence Nos:** 44/0058 Liquid Gaviscon, 44/0140 Liquid Gaviscon Peppermint Flavour, 44/0141 Gaviscon 500 Tablets, 44/0103 Gaviscon 250 Tablets, 44/0143 Gaviscon 250 Lemon Flavour Tablets. **Legal Category:** GSL. **Method of sale:** Through registered pharmacies. **Holder of Product Licences:** Reckitt & Colman Products Limited, Danem Lane, Hull HU8 7JY. **GAVISCON** and the sword and circle symbol are registered trademarks. **Date of preparation:** 25/1/94. **References:** 1. Taylor Nelson Counterpoint MAT to June 1993. 2. Chevrel B (1980) *J Int Med Res* 8: 300. 3. Ward AE (1989) *Br J Clin Pract* 43: (2) Suppl 66: 52. 4. Williams DL et al (1979) *J Int Med Res* 7: 551.

RECKITT & COLMAN
PRODUCTS

Cow & Gate buy Robinsons' baby meals

Cow & Gate Nutricia Ltd saw their movement into dry baby meals (*C&D*, last week, p566) as a logical development for the company.

Buying Robinsons' dry baby meals from Reckitt & Colman gave them immediate entry into this sector, while allowing Robinsons to focus on their core business of drinks.

"We hope to demonstrate by clear branding and promotional support that we can reverse this trend," says Cow & Gate marketing director Niall Bowen.

Consumer research by the company last December showed that mothers thought Robinsons baby meals looked more like home-cooked foods than other dry meals and smelled the most appetising. The brand also scored well on taste and variety.

Cow & Gate will continue to use the

Robinsons name for a short time, phasing in their own packaging and branding from mid-May. Deliveries will be from Robinsons until April 24, after which products will be available from Cow & Gate. The latter will take orders from April 18.

The range is expected to benefit from a £1.5 million Cow & Gate brand campaign which includes television advertising this Summer. The range will be reduced from 24 varieties to the strongest 17, and there will be a major relaunch in 1995.

An on-pack promotion will be linked with the "Feed the Children" charity and there will be extensive support through Bounty and Cow & Gate's Baby Centre, which is soon to start its 1994 tour of public events. Leaflets drawing attention to the new range will be inserted in the company's rice packs and under the lids of their infant formulas. POS material will explain the

move from Robinsons.

Cow & Gate are also sponsoring a "Mother and Baby" programme on GMTV on Tuesday mornings, watched by an estimated 1 million viewers. Their "In Touch" direct mailing programme is expected to reach its target of 150,000 mothers this year.

The company is currently running "The homemade recipe challenge", asking parents to create a new recipe for the Olvarit range. The winner will receive £5,000 in a children's savings scheme and there will be two runners-up prizes of £1,000.

The competition, which runs throughout the Spring and early Summer, will be advertised in the parenthood, women's interest and other consumer Press. Over half a million leaflets will be distributed via the parenthood Press, independent pharmacies, exhibitions, clinics, the Cow & Gate babyfeeding information service and the Baby Centre. **Cow & Gate Nutricia Ltd. Tel: 0225 768381.**

Gold treatment for Hermesetas



Hermesetas has been relaunched in new packaging with the words "Gold Choice" replacing "New Taste".

The design of the packs has been updated, too, for a more contemporary look.

The relaunch will be supported by an

advertising campaign and PR activity featuring TV personality Mr Motivator, who will be starring in UK-wide roadshows.

The company is offering Original Hermesetas' users an extra 10 per cent on 300 packs. **Jenks Group. Tel: 0494 442446.**

Cow & Gate relaunch Pure Baby Rice

Cow & Gate's Pure Baby Rice is relaunched this Spring, bringing the product's packaging in line with that of the Premium and Plus baby milks.

The new rice is sugar-, milk- and gluten-free, and mixed with milk should provide all essential vitamins and minerals. The relaunched pack includes a foil inner liner for better shelf life.

The new 100g pack is being used to feature Cow & Gate's Olvarit range. Every pack also contains weaning tips, serving suggestions and a coupon for 10p off any Olvarit product.

The relaunch is backed by a sampling campaign through Bounty and the Cow & Gate "In Touch" programme. Packed in cases of six, Pure Baby

Rice is priced at £1.29. **Cow & Gate Nutricia Ltd. Tel: 0225 768381.**

Lightening up hair

Truzone liquid hydrogen peroxide is available through Jerome Russell.

Although the brand has been sold to hairdressers for over 50 years, this is the first time it has been sold through pharmacy.

A 250ml bottle retails at £1.49 and comes in 20 volume (6 per cent), 30 volume (9 pc) and 40 volume (12 pc) variants.

The product can be used to lighten hair with the company's powder bleach. **Jerome Russell Cosmetics. Tel: 081-478 7771.**

Take care of his heart

Seven Seas have teamed up with the Family Heart Association in a Father's

heart", the campaign promotes diet and lifestyle changes which benefit heart health.

From mid-April special packs of Seven Seas Pulse fish oils will offer three-month membership of the Family Heart Association. This includes an information pack, newsletters and access to the Association's panel of advisors. Seven Seas will make a donation to the Association for every promotional pack sold.

Counter display material will be available, and there will be Press and radio ads around Father's Day. **Seven Seas. Tel: 0482 75234.**



TAKE CARE OF HIS HEART

Day initiative.

Entitled "Make your love last — take care of his

Medicated Moisture problem solver

Neutrogena are extending their range of hypo-allergenic products for combination and spot prone skins with the addition of Medicated Moisture (£3.95 75ml).

The product includes glycerin to moisturise and triclosan to help kill off bacteria and prevent spots. It contains sunfilters and has a light, non-greasy texture and is easily adsorbed. **Neutrogena. Tel: 0494 474787.**

EVERYDAY EYE IRRITATIONS ARE DRY EYE SYMPTOMS

Effective Relief in Seconds from Dry Eye Symptoms

- SORE EYES
- TIRED/ACHING EYES
- GRITTY/BURNING EYES
- OFFICE/VDU EYES
- SMOKY EYES
- DRIVING EYES



ALLERGAN
World Experts in Eye Care

NATIONAL
PRESS CAMPAIGN
STARTS APRIL-
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NOW



Allergan Ltd.
Coronation Road, High Wycombe, HP12 3SH

Recommend Refresh...

- RESTORES THE EYE'S PROTECTIVE TEAR FILM
- MORE EFFECTIVE THAN EYE WASHES OR DROPS
- PRESERVATIVE FREE
- HYGIENIC, UNIQUE SINGLE USE VIALS-NO NEED FOR EYE BATHS

Refresh™-Advanced Treatment for Today's Eye Irritations



Now there's a threadworm treatment for all of them.

40% of children under 10 suffer from threadworms, and many of them pass on the infection to their families. So in addition to our successful single-tablet pack, we've now introduced a new four-tablet pack of Ovex™ to meet the need for a family threadworm treatment.

It'll encourage your customers to treat the whole family at once by making it easier and cheaper for them to do so. And, as our basic 33% POR means you'll earn £1.69 for each family pack you sell, you'll get a lot more out of it too.

In order to increase your sales in the



OVEX™

The single-tablet treatment for threadworms.

expanding threadworm treatment market, we've invested in a heavyweight PR

campaign featuring our friendly 'Early Bird' character. We'll also provide you with attractive point-of-sale material including an informative leaflet stressing the need to treat threadworms as a family.

So if you'd like to more than treble your profit on every threadworm treatment sale, call the Janssen hotline on 0800 660 012.

And you'll soon be skipping all the way to the bank.

Waging war on insects

Jeyes' Expel aims to offer a "one stop shop" to the 55 per cent of the population stricken by insect control problems.

The range comprises:

- Fly and Wasp Killer (300ml £1.19), a water-based aerosol gentle on clothes and fabrics;
- Pump Action Fly and Wasp Killer (100ml £1.99), containing pyrethrum which kills flying insects;
- Slow Release Fly and Wasp Killer (1 cassette £2.49), which gives four months' control against flying insects;
- Fly Papers (four strips

£1.29), said to be ideal for use by those suffering from asthma and bronchitis;

- Ant and Crawling Insect Killer (300ml £1.49), which gives relief from ants, cockroaches and silver fish;
- Ant Traps (2 traps £1.89), which attract ants to the food in the trap. This is then taken back to the queen and larvae which are then killed, destroying the nest. They are left in place for one to four weeks;
- Ant Powder (150g £1.99). This odourless powder gives instant insect control and a residual action;

- Moth Killer (1 cassette £1.65) kills moths at all stages of development and is effective for four months; and
- Flea Killer (300ml £4.95) can be safely sprayed on carpets and other household furnishings.

The range has a distinctive red "No bugs" logo and comes with point of sale material.

This is Jeyes' first venture into the £15 million insecticide market, following their acquisition of the German brand leader Globol. **Jeyes UK Ltd. Tel: 0842 754567.**



Jackel are offering two separate promotions on their range of Sunbrella children's sunglasses, now available with 40 per cent profit on return. A display stand containing 36 of the £2.99 sunglasses (pictured above) costs £55.08. A display box containing 48 of the £0.99 sunglasses costs £24.62. Both varieties conform to BS2724, have break- and scratch-resistant acrylic lenses and give 100 per cent protection against UV rays, say Jackel. **Tel: 091-250 1864**

Overstocking glasses?

Results of a study carried out by Direct Perception, manufacturers of reading glasses, suggest that some retailers may have 50 per cent more spectacle stock than they need.

Opticians originally advised that there was a need for reading glasses to start at a power or +1 dioptre and increase in 0.50 steps up to +3.5. Higher powers were thought to go beyond the needs of normal presbyopia and so should be avoided. Therefore, a logical range would be of six powers. However, some manufacturers supply nine

powers, incorporating 0.25 steps in some places.

A study assessed the ability of 78 volunteers to judge for themselves appropriate spectacle powers.

When using 0.5 dioptre steps, 65 per cent were able to judge correctly, whereas with the 0.25 steps this number fell to 0 per cent. The company concludes that there is no point using 0.25 power steps. **Direct Perceptions Ltd. Tel: 081-518 2685.**

Instant action

Effective make-up removal while caring for skin is the promise made by Sensiq for their new Instant Action make-up remover gel (120ml £3.99).

An oil-free, water-based, rinse-off product, it contains pro-vitamin B5 with extracts of lime blossom and camomile. **Sensiq. Tel: 0233 625076.**

Gentle touch

Female antiperspirant deodorant Soft and Gentle is back on screen this Spring with a £1.5 million burst of national television advertising. A further £500,000 will be spent in the women's Press, supporting two executions of the "Move closer with confidence" TV adverts. **Colgate-Palmolive Ltd. Tel: 0483 302222.**

PMS highlighted

Efamol evening primrose oil is being promoted through a £500,000 Press campaign in women's magazines. Focussing on PMS, the campaign gives one woman's interpretation of the problem. **Efamol Ltd. Tel: 0483 304441.**

Shaving offers for Spring

Palmolive shave gel and cream are on promotion during April. Available from Unichem, special prices are on offer for the 100ml cream, 200ml and 75ml gel. The trial size gel features a 25p off coupon redeemable against purchase of 200ml shave gel. Colgate's Actibrush mouthrinse in the 250ml size is also on offer through Unichem. **Colgate-Palmolive. Tel: 0483 302222.**

More nasty niffs

Clorets returns to the screen this month in a £1 million advertising campaign. Featuring the two Rons, the adverts will run for four weeks. **Warner-Lambert. Tel: 061-766 5471.**

Kallo Foods

Aqualette (p136), Revitonil (p140), Valerina Night-time (p152), and Valerina Day-time (p154) in the *C&D Guide to OTC Medicines*, 4th Edition, are distributed by **Kallo Foods. Tel: 0932 355303.**



Buy any Philishave model worth over £45 and get a free CD, tape or video. The offer is available on purchases made between April 30 and June 18, with a choice of 90 CDs and tapes, and 60 videos to choose from. The promotion is supported by point of sale material and Press advertising. **Philips DAP. Tel: 081-689 2166**

Radox splashes out

This week saw the start of a national TV advertising campaign for the Radox Showerfresh range.

Sara Lee spent £4.2 million promoting the range last year, which has boosted cash sales by 26 per cent year on year. This year the advertising budget

has been upped to £4.5m.

This campaign runs for nine weeks and is set to reach the average housewife eight or nine times, using the "steam" theme sequence with a voice-over. **Sara Lee Household & Personal Care. Tel: 0753 523971.**



WRIGHT'S VAPORIZER BLOCKS SAFETY NOTICE

It has been discovered that some pharmacists are advising customers that absorbent blocks specifically designed for use with the Wright's Electrical Vaporizer can be used with the Wright's Candle Vaporizer - this is not the case.

Electrical Vaporizer Absorbent Blocks have a flat base designed for a constant heat which can only be provided by the electrical unit.

Absorbent blocks available in the Wright's Refill Kit for the candle unit have a concave base to allow for the tapered shape of the naked flame.

For further information contact:

**Amanda Warne - Product Manager
LRC Products Limited
North Circular Road
Chingford
London E4 8QA
Tel: 081 527 2377**



A HEALTHY NEW INNOVATION:

In today's health conscious society the race is on to develop new and innovative Health and Sports Drinks. A.C.E. Beta Carotene Fruit Drink represents a major breakthrough in quenching consumers thirst for a drink which delivers the nutritional benefits of antioxidant vitamins C, E and beta carotene.

A UNIQUE NEW OPPORTUNITY:

Over 38% of consumers regularly drink or serve vitamin, health or sports drinks, A.C.E. Beta Carotene Fruit Drink creates a new and exciting opportunity in the massive £207 million Health and Sports Drinks market.

A PROFITABLE NEW SECTOR:

A.C.E. Beta Carotene Fruit Drink combines the great taste of fruit with exciting health benefits which will ensure your profits go from strength to strength.

If you would like more information about this healthy new profit opportunity, contact Danny McGeough at The Natural Fruit And Beverage Company, Blackfaulds Place, 556 London Road, Glasgow, G40 1EB, Telephone 041 551 8778, Facsimile 041 556 5541.



A woman in her mid-20s parks a pram in front of the counter and hands in this prescription. She says she suffers attacks of cystitis and did before her pregnancy; the antibiotics clear them up but they come back every two or three months. Can you give her anything to take so she doesn't have to go to the doctor every time? She says she is not taking any other medicines



1. How do most OTC products act? Are they appropriate here?
2. Is this prescription the best regime for recurrent lower urinary tract infection?
3. At what stage would you suggest antibiotic prophylaxis? What is the best choice for prophylaxis?
4. What other suggestions would you make?

1. Products which contain citrates alkalise the urine, slow the rate of bacterial growth and relieve symptoms. Hexamine breaks down to formaldehyde, which is bactericidal; it may be an irritant and should not be given with alkalinising agents.

Whether an OTC product is indicated here depends partly on the severity of the symptoms. If each episode is only a brief and minor irritation, then self-treatment may be appropriate and, if effective, would be more convenient than seeing the GP every time.

If the attacks are more severe

Stamp

No. of days treatment N.B. Ensure dose is stated		NP	Pricing Office use only
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Rx Amoxil 3g
x 2 mdu

Doctor

Date

IMPORTANT Read notes overleaf before going to the chemist

Form
FP10 (Wal
(Rev 12)

Now available on Rx
for all children

FLUOR-A-day[®]
Sodium Fluoride BP Tablets

chewable
Fluoride Supplement Tablets

Packs of 200 Tablets
2.2mg. 4+ Years. 1.1mg. Up to 4 Years

Prescribing Information: Each buff coloured Fluor-a-day tablet contains 1.1mg or 2.2mg Sodium Fluoride BP. Indication: For the prophylaxis of dental caries in areas of low fluoride content water. Dosage: 1/2 to 1 tablet according to age of child and fluoride ion content of drinking water. Contraindications: Do not use if water supply contains more than 0.7ppm fluoride ion. Do not exceed stated dose. Legal Category P. Basic NHS cost Fluor-a-day 1.1mg and 2.2mg - £1.61 per 200 tablets. PL numbers 1.1mg 0111/0222, 2.2mg 0111/5001R. Licence Holder

Dental Health Products Ltd., 33 Earl Street, Maidstone, Kent.
Tel: 0622 695598.

— for example, long-lasting, with signs of more marked infection such as haematuria, fever or loin pain — antibiotic treatment is essential. Given the history, you will need to talk to the GP about the best course of action.

2. Very short or single-dose courses of antibiotics are convenient and effective in most acute UTIs, but relapse appears to be more common, possibly due to failure to eradicate a reservoir of infection. They are less suited to recurrent UTIs where there is clearly a persistent problem with reinfection, and a longer course of treatment is indicated.

Amoxycillin reaches very high concentrations in the urine and will be effective against any penicillin-sensitive organism. As this woman says, the antibiotics do work, so there appears to be no need for an alternative agent — for acute attacks, at least. However, *E. coli* accounts for up to 90 per cent of UTIs and is commonly resistant to penicillins.

3. Prophylaxis of simple UTIs should not be undertaken lightly because of the risk of

adverse effects. It should be considered when attacks are so frequent or severe that they are distressing or interfere with daily life.

Further investigation is needed before beginning prophylaxis to exclude possible underlying causes and identify the pathogen.

Popular choices for prophylaxis are low-dose nitrofurantoin (50-100mg nightly) or trimethoprim (100mg nightly). This woman may be breast-feeding, in which case nitrofurantoin is contraindicated.

4. You should advise on good personal hygiene: avoiding faecal contamination and restrictive clothing. Deodorants or detergents provoke attacks in some women.

Episodes may also be associated with intercourse (not always associated with honeymoons), when post-coital urination and washing by both partners is helpful.

You should also ensure that fluid intake is adequate to maintain a good urine flow. Simple analgesics and a hot water bottle help to relieve the symptoms.



New field for us, bigger market for you.

We now have a rare opportunity to develop a new market together.

Because in Optrex Hayfever Allergy Eye Drops the name so many of your customers know joins forces with sodium cromoglycate, the fast, safe and effective treatment that won your trust as a prescription medicine.

Naturally, it will receive the kind of support you expect

from Optrex. This year, our heavyweight advertising and promotional spend means that more and more customers will come to you - especially since the 10ml bottle of Optrex Hayfever Allergy Eye Drops is the right size to meet their needs.

What they'll be seeking isn't just our product but also your advice. So add your recommendation to our support, and together we are set for success.



The vision of the future

PRODUCT INFORMATION: Optrex Hayfever Allergy Eye Drops: Solution containing sodium cromoglycate 2.0% w/v with benzalkonium chloride, disodium edetate, purified water. **Use:** For fast, effective treatment of itchy, watery or inflamed eyes caused by seasonal allergies. **Contra-indications:** Hypersensitivity to any of the ingredients. **Precautions:** Do not use while wearing soft contact lenses. **Dosage:** 1 or 2 drops into each eye 4 times daily. **Side effects:** Transient burning and stinging. **Packaging quantities:** 10ml bottle. **RSP:** £3.99 for 10ml. **Legal category:** P. **Product licence number:** 0113/0161. **Licence holder:** Fisons Plc, Holmes Chapel, Cheshire CW4 8BE. Your Crookes Healthcare representative will be calling with further information.

OTC GOES O.T.C.



FREEDOM FROM EXCESS ACID

Now, for the first time you can recommend famotidine. One small tablet can control your customers' excess acid for *up to 9 hours*.¹ To liberate them from the pain and discomfort of heartburn, dyspepsia and excess acid.

The OTC H₂ antagonist with no drug interactions of clinical significance

You can recommend **Pepcid AC** with confidence in the knowledge that it has an excellent safety profile. Famotidine does not produce any interactions of clinical significance with other drugs.

Pepcid AC is effective in keeping pain at bay at any time of the day or night, and can even be taken by sufferers in advance of the particular food or drink which normally provokes their "acid problem".

A massive £5 million Pepcid® AC launch campaign

Soon everybody will be talking about **Pepcid AC**, thanks to massive national TV and press advertising. This will be co-ordinated with innovative professional programmes - to encourage product awareness in pharmacies and pharmacy referral from GP's.

Dedicated pharmacy-only support

You'll receive all the back-up you need, including full clinical back up support, powerful in-store displays and promotions plus extensive consumer information. In fact, everything you could ask for to ensure **Pepcid AC** has a truly liberating effect on your sales.


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HEALTHCARE
A JOHNSON & JOHNSON-MSD
CONSUMER PHARMACEUTICAL COMPANY

UP TO 9 HOURS GASTRIC ACID CONTROL FROM ONE SMALL EASY TO SWALLOW TABLET

significance have been identified. **Side Effects:** Generally well tolerated. Headache and have been reported at a frequency $\geq 1\%$. Other side effects, including dry mouth, nausea, in, diarrhoea, fatigue and allergic reactions occur even less frequently. **Pregnancy:** Not ded for use in pregnancy. **Overdosage:** No experience to date with overdosage. Doses up day for over 1 year were well tolerated in patients with severe hypersecretory conditions.

Product Licence Number: PL 0025/0312. **Product Licence Holder:** Merck Sharp & Dohme Limited, Hertford Road, Hoddesdon, Hertfordshire, EN11 9BU. **RSP:** 2 tablets £0.75, 6 tablets £1.99, 12 tablets £3.59. **P** Pharmacy only distribution. **Distributed by:** CENTRA HEALTHCARE, Enterprise House, Loudwater, Bucks, HP10 9UF. **References:** 1. Data on File. ® Indicates registered trademark of Merck & Co., Inc., Whitehouse Station, N.J., U.S.A. © Centra Healthcare 1994. All rights reserved.

THE POLLON~EZE™ NEW DRIVE



IT'S AN EYE-OPENER!

This summer both you and your customers will see an amazing new drive behind **Pollon~Eze**, supported by Centra Healthcare - a major new force in OTC with a dedicated commitment to pharmacy.

Look at the Pollon~Eze drive for relief.

A non-drowsy modern hayfever treatment that provides 24 hour relief in a convenient one-a-day calendar pack.

Look at the Pollon~Eze special strengths.

It's clearly and powerfully branded for the growing OTC hayfever market. It contains a compound with

proven Rx and OTC heritage and it offers you excellent profitability.

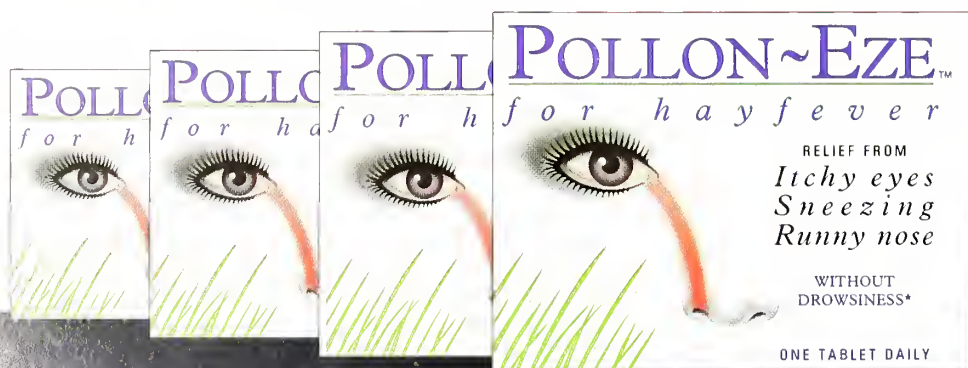
NOW look at the Pollon~Eze new drive to support your business.

We've a new £³/₄ million national radio advertising campaign to cover the whole hayfever season. Sponsored radio pollen count slots. Striking new point of sale. A bright new consumer leaflet. Plus special pharmacy training support all dedicated to supporting your pharmacy business.

Make sure you're fully stocked up for the Pollon~Eze new drive.

Talk to your Centra Healthcare representative or telephone 0494 450778.

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CONSUMER PHARMACEUTICAL COMPANY

UK pharmacy in an expanding European Union

Now that the European Union is enlarging still further, UK pharmacists face a dilution of their voting power. And since the UK delegation on the European Pharmacy Group (PGE) does not have the ability to veto decisions, Wally Dove — British delegate to the PGE — says that now more than ever it is necessary and desirable to lobby and participate fully in the Brussels merry-go-round



UK PGE delegate Wally Dove

The European Pharmacy Group is currently discussing whether to upgrade the observer status of the EFTA countries to full membership, but the UK delegation believes that only those countries whose applications to the European Union have currently been accepted should become full members of PGE (in other words, Sweden, Norway, Austria and Finland, who are due to join in 1995). This would ensure that PGE is never in the difficult position of having a non-EU member holding the presidency, which would severely weaken its political stance in Brussels, particularly with the Commission.

When Norway, Sweden, Austria and Finland finally do become full members of PGE, their presence should support the UK's own position, because of the technical and philosophical synergies that we would expect from the Nordic countries.

Discussions are also in progress to decide whether to continue to take the presidency of the PGE on a rotational basis and to reduce its duration to one year.

As the bureau would be enlarged by a further two members, this means that membership would last five years instead of the current six, but that the bureau would consist of six people instead of four. The UK's next scheduled participation in this refreshed bureau would be in the year 2000, and the presidency doesn't come our way until 2003 — so don't hold your breath!

Script medicines

The PGE made the following statement on its position on non-prescription medicines and their supply at its November meeting. The final text was agreed in March, having been rewritten by the UK delegation to more fully reflect UK practice.

- The way in which non-prescription medicines



(*medicaments de conseil*) are promoted has a major influence on the image of the pharmacist and the pharmacy in the minds of members of the general public. For this reason, the PGE, in its collaboration with the European Proprietary Medicines Association (AESGP), promotes the following principles:

1. When non-prescription medicines are promoted, the methods adopted should reflect the professional character of the pharmacy and the important role of the pharmacist.
2. Medicines should be restricted to pharmacies and these medicines should never be presented for self-selection. Displays of medicines in pharmacies must comply with this principle.
3. The terms "over-the-counter" or "OTC" medicines should not be used. The reference should be to "non-prescription medicines".

4. Medicines should never be promoted for sale by mail order.

5. The presentation and promotion of non-prescription medicines must follow the rules of the member states of the EU and, in particular, the legal and ethical requirements governing the pharmaceutical profession.

The PGE's aim is to secure acceptance of these important principles by the AESGP and its members.

Mail order

Over the last few months, pharmaceutical organisations from all EC countries have been lobbying their respective parliamentarians and ministers about the risks and dangers of marketing medicines by mail order. The particular EC angle is, of course, that for the foreseeable future different Member States will have different POM lists, so if the transmission of medicines by post across national boundaries

is permitted, it could be that people will have free access to medicines that are POM in their own country but not in the country from which they are ordering.

Although the Royal Society's Code of Ethics deals specifically with the supply of medicines by post, it is, of course, not binding on supplies coming from other countries.

However, following lobbying from the PGE there has been some success in prohibiting the marketing of medicines by mail order within Europe.

The Council of Ministers was persuaded at its meeting on February 23 to include, within Article 3B of the Distance Selling Directive, a statement about Member States taking the necessary measures to inhibit the distance selling of medicines. The statement would be the basis of a common position to be adopted by the Council.

PGE has indicated that there is still much work to be done at national level to press the point with ministers of health and the MEPs.

The UK delegation will be joining forces with the British Medical Association to continue to lobby the Department of Health to introduce legislation to ban the marketing of medicines by mail order.

Good Practice

The final version of the Good Pharmacy Practice document was approved by the Executive Committee in March and will initially be published in French and English. The document outlines the minimum standards for pharmacy practice in Europe.

The UK delegation has contributed significantly to the drafting of the text, so that it will fall in line with our own code of ethics. A time schedule for its implementation has also been agreed. This varies from two to 12 years depending on the guideline involved.

A new direction for Moss

Llandudno may have had its share of disasters recently — last year the floods, this year fire gutting the Theatre pavillion — but despite these setbacks, the Moss Chemist in the town could only be considered to be a major success. Jo Grimes takes a closer look ...



Manager Brian Hewson with area manager Anita Broadley

In 1992, Moss Chemists acquired a chain of five shops in North Wales — Hoosons. A year later, the basement in the Llandudno branch was flooded and thousands of pounds worth of stock was lost. Moss were not deterred. The shop has been refitted, section by section, and business is booming.

Before the refit, 6,500 items were dispensed every month from a dispensary measuring just 32 sq ft. So, beginning last October, a staircase was relocated, a two-foot thick wall knocked down, a false floor put in and the new dispensary created. During the five weeks of building work, the dispensary operated from a temporary structure.

Llandudno is a seaside resort and the trade varies according to the seasons. However, there is also a large elderly population which makes a collection and delivery service essential for the pharmacy.

Six nursing homes are serviced by Moss, two of which have Nomad. A collection and delivery service runs every day, picking up from two surgeries, and they employ the local postman one and a half hours every day to do the deliveries. They provide services for a local private medical clinic two weeks out of four, including an on-call service covering those weekends.



The pharmacy is kept busy by its collection and delivery service

"We go out to the community and give the customers what they want. We don't sit back on our laurels waiting for them to come to us," says Brian Hewson, pharmacist and branch manager.

Seasonal trade

The seasonal trade means that a lot of temporary residents' prescriptions are dispensed — especially for treating sunburn.

The dispensary has two computers — one for standard dispensing and one for Nomad. The only problem this presents is that after running the scripts through the Nomad computer to produce the cassette drug labels, the scripts also have to be entered into the Mediphase system to maintain PMRs.

The branch supplies around 20 oxygen customers, so Brian Hewson finds himself visiting patients' homes frequently.

Last year, one of the two surgeries relocated to the other end of town. There are now three other pharmacies between Moss and the surgery. However, Moss have managed to retain most of the customers largely because of the collection and delivery service, says Mr Hewson.

The pharmacy is hoping to move into CDS — community dosage system. Mr Hewson, with the backing of Moss head office, wants to provide the elderly population with the Nomad system. He explains that there is a lot of sheltered housing in the area, one block alone contains 85 homes. Being able to supply those customers with monitored dosage systems would provide a good service for the community.

The dispensary is impressive, but is somewhat overshadowed by the rest of the operation. The two-storey shop comprises a photographic unit with a one hour developing and printing centre; a boutique selling mid-market fragrances, skincare and haircare; the pharmacy



The beauty room houses the biggest Estée Lauder agency in North Wales

department; and a perfumery with a beauty room which contains the biggest Estée Lauder agency in North Wales.

The perfumery is in a corner of the ground floor separated from the pharmacy by an archway. There are two doors to the shop — one leading into the perfumery and one to the pharmacy. A staircase next to the pharmacy leads downstairs to the boutique and to the left of that is the photographic department.

Department store

The perfumery has the feel of a department store. "There are some customers who shop in department stores and some in chemists for fragrances. Here we have a combination and can appeal to both," explains Mr Hewson.

Perfumery customers travel from within a 20- to 30-mile radius as there is no equivalent competition for fragrances or the skincare and make-up products they also stock.

In fairness, Llandudno is quite a wealthy area. There are lots of privately-owned hotels and

even a few celebrities thrown in. But the floods of 1993 did affect many businesses. Many people were moved to temporary accommodation, hotels damaged and the Welsh Tourist Board even issued a warning that no one should visit the town.

Unique problem

The refit provided a unique problem for Moss — there was no other shop in the group on which to model the store. The Moss design of a green grid on a plain background was maintained throughout, but was adapted and developed to produce display material suitable for such an upmarket store. The contract fitters were Zaf, who designed much of the new material for Moss.

Display is important in the perfumery: "We wanted to get the stock out from behind the counter and in front of the customers' noses," Mr Hewson tells C&D. The stock is much more approachable in that way, he adds. Men's and ladies' fragrances in the same range are displayed together and, if



A new dispensary was created during the refit

there is a make-up or skincare product range with the fragrance, again they are displayed together.

To give you some idea of the popularity of the perfumery: during the refit, Gaynor, the Estée Lauder consultant, sold £8,000 worth of the range in two weeks — while standing next to a cement mixer!

"On Christmas Eve, the perfumery took more money than I paid for my first house," Mr Hewson confessed.

The perfumery contributes about 50 per cent of the retail turnover. However, in this area, too, Mr Hewson is not prepared to "sit back on my laurels and wait for the customers to come in". At least once a month, the shop hires a hotel room for agencies to give make overs, skincare advice and beauty treatments for the customers. The beauty room in the branch is reserved exclusively for the

Estée Lauder range of products.

The perfumery sometimes seems to exist as a stand-alone shop, admits Mr Hewson. It is quite common for customers to walk into the perfumery, make their purchase then walk outside and around the corner to the door of the pharmacy — rather than just walking through the connecting door!

However, it is very important to make sure the shop functions as a whole, says Mr Hewson. He sees his job as that of a mediator, working to bring all 20 staff under one umbrella and keep them going in the same direction. But it is important to get the basics of pharmacy right first otherwise you won't have a chemist at the end of the day, he adds.

Not having a vast amount of knowledge of the photography or perfumery departments does not really cause problems for Brian Hewson as he works with



The photographic department is "absolutely heaving" during the Summer

individual experts to manage the business.

Chiropody move

A new area for Moss is chiropody. At Llandudno, the future chiropodist is just starting the one-year course — financed by Moss. It is intended that a room will be converted as a joint effort between Moss and Scholl to be a full-time chiropody treatment centre. Moss employ the staff and cover running costs and Scholl help with display material and equipment.

The photographic department has a professional photographer permanently on hand for advice. It trades as

Kodak Express and has the support of Kodak with display materials. "The department is absolutely heaving in the Summer, we can process up to 100 films each day in the busy times," says Mr Hewson.

Moss provide a photographic service to some of the hotels in the area. Residents hand films in at the hotel reception, Moss develop and print, then return the photographs to the hotel.

Moss shops are graded from A to E. Category A represents the biggest shops and D the smaller ones; E is a superstore. Llandudno has been classed as F! Perhaps that is for the Fabulous team spirit that exists in the branch, says Mr Hewson.

Routinely

Simple constipation and other simple bowel irregularities are such a routine part of your workload, you need a treatment you can turn to regularly and routinely.

Turn to Fybogel Orange, routinely.

Fybogel Pharmacy Prescribing Information Indications: Conditions requiring a high-fibre regimen, eg relief of constipation and maintenance of regularity. **Dosage and Administration:** (To be taken in water) Adults and children over 12: One sachet morning and evening. Children 6–12 years: Half to one level 5ml spoonful depending on age and size, morning and evening. Children under 6 years: To be taken only on medical advice. **Contra-indications, Warning, etc.:** Fybogel is contra-indicated in cases

Fybogel Orange

Ispaghula Husk BP

Regular as clockwork

Ⓛ Reckitt & Colman Products Limited

of intestinal obstruction and colonic atony. Each sachet contains 3.5g Ispaghula husk BP and also contains aspartame. **Legal Category:** GSL. **RSP Price:** At Jan '93 10 Sachets £1.25. **PL No.:** Fybogel 0044/0041. Fybogel Orange 0044/0068. Reckitt & Colman Products Ltd, Hull, HU8 7DS, from whom further information is available. Fybogel, Fybogel Orange, and the sword and circle are trademarks of Reckitt & Colman Products Ltd. Date of preparation: 13/07/1993

Pharmacist decision-makers take up CE in management health economics

It is with great interest and some anxiety that I read Lord Peston's warning about the future prospects of employment of your pharmacists (*C&D* March 26, p504). I think it is time someone said that from now on continuing education will be a part of our professional life and that there are cost implications attached to it.

About a year ago, at a local pharmaceutical committee meeting, I mentioned a need for pharmacists to enrol for postgraduate courses in such subjects as health economics, social sciences, management and marketing — ie subjects not normally associated with pharmacy. The looks on the faces of the pharmacists present suggested I needed to see a psychiatrist!

With our profession in crisis and in difficulty with managing change, my LPC supported a resolution which was accepted without debate at the last conference — asking the Pharmaceutical Services Negotiating Committee to have on its permanent staff a health economist and a social scientist to influence policy decisions at PSNC. Perhaps now it might be sensible to also include a health policy strategist. All these could easily be pharmacists!

In the long term, I firmly believe we can and should maintain the output from universities of mainly science-based graduates. This is important for purposes of funding university pharmacy courses and, politically, it would be acceptable to our educators who are almost wholly science-based. Beyond that, short-changing of our educators must not continue or else, as we have found to our cost, we are short of change for the rest of our professional lives. The cost of ignorance in other fields and inability to manage change is much greater than the cost of funding allied subjects at postgraduate level.

I firmly believe that an introduction to social sciences, health economics, management and marketing must be made at undergraduate level. Then initially, for a select few of sufficiently high calibre, funding for postgraduate courses must be found. As interest and numbers increase, surplus would be taken up.

Such qualified pharmacists would naturally take up key decision-making posts within the profession, the FHSA, the Government and the industry. The cumulative benefits to our

profession derived from far-sighted positive action is incalculable but obvious. Policies will be made from a social perspective and funding would be relatively easy to find.

There is a need for partnership with universities and the Government for the benefit of our communities. The process must begin now. Or will it be another case, in a few years from now, of "we should have done this years ago"?

Hemant Patel
Dagenham, Essex

Advisory role needs recognition with POR

One must question the overbearing and condescending view of David Crow, head of marketing at SmithKline Beecham (*C&D* March 12, p426), where he rightly suggests that the role of pharmacist is as "gatekeeper" before patients see the doctor and how the recent product changes from POM to P will increase the advisory role of the pharmacist.

The above view will not go down well with pharmacists if SB keep giving low basic margins of 23.5 per cent on Pharmacy OTC lines. It is high time that companies like SB, Wellcome and Sterling Health came clean and offered pharmacists a basic POR of 33.1/3 per cent on all pharmacy lines to recognise the increased input of the advisory role that pharmacists will be called upon to practise.

Dinesh Patel
London SW20

Alternative source of generics in Northern Ireland

In the Northern Ireland Notebook (*C&D* March 5) concerning Galen, your correspondent makes reference to the superiority of Glanamax sugar-free suspension over "generic sugar-based amoxycillin suspensions". We are pleased to inform him, however, that H N Norton have for some time now offered a range of sugar-free antibiotics, including both 125 mg/5ml and 250 mg/5ml amoxycillin suspensions and 3g sachets. So our advice would be to come south and fulfil all your unbranded prescriptions with a cost-effective sugarless product!

L M Foster
Managing director, H N Norton & Co Ltd, Essex

Community Group cannot be strangled at birth

To say I'm not surprised would be an understatement; to say I'm angry would be obvious to anyone who understands the motivation behind any adversary of a Community Pharmacy Membership Group.

The Council, faced with a poor response to the invitation to join, of course was in a dilemma. The group with a membership of only 600 might be unrepresentative (the fact that it might actually be representative was of course ignored).

The analysis of that dilemma and the so-called solution were the usual combination of compromise, "cop-out", flawed logic and a detachment from reality which, even after all this time, still annoys me.

Perhaps my anger should be reserved for the thousands who gave support to the idea privately but have failed to do the deed. The whole philosophy of the group was based on the premise that there was a substantial minority of pharmacists who strongly believed that the current bodies in pharmacy failed properly to represent their interests and that no mechanism of consultation or communication existed.

In so far as a large number of the people have not joined the group, then of course I am disappointed with these people.

I have always maintained that the group we are trying to enfranchise, to represent, to get involved in the interests of themselves and their profession are barely interested. They reject the RPSGB, at best as an irrelevance, at worst as a bureaucratic busybody forever entangling them in new rules, new procedures and other devices which prevent them from getting on with their job. Sadly, these people can never be expected to cut out a coupon, write a cheque and positively join a new group.

The only way is to do what we agreed, for what seems to be an eternity: get people interested at the one and only time many of them actually respond to a communication from the Society — when they send their annual retention fee.

As I understand it, the one sensible idea from Council is to involve *C&D*, an indication of at least comprehending some of the realities.

Nevertheless, what kind of representative body forms a new committee with a constitution and rules before the formation process has been completed? One that is paranoid, perhaps, that "dark forces" will take over the Society, that all such elected

members will vote together to over-rule the five Council members, that the Practice Committee will be impotent to prevent the chairman of the Group having his wicked way and that Council itself will be forced to accept anything that is proposed.

Those members of Council disposed towards the Group have presented the opportunity on a plate for the opposed to say "I told you so", to strangle the infant at birth and to ensure that a group can only go ahead when the Council as a whole decides sufficient people have joined and that they represent a balanced section of the membership. From a Group elected by a minority, and who represent the most obvious imbalance when compared to the 37,000 members, that is rich!

Peter Curphey
Kirk Michael, Isle of Man

Job's Worth Award...?

My mother recently went to England on holiday. She came back dismayed at the pharmacy service.

Her request seemed most reasonable to me — a product everyone stocks, a Pharmacy-only medicine very regularly prescribed and sold across the counter. So why did she have to visit four large town centre pharmacies before she could get it? I don't know — but I do know if she had told Esther Rantzen it would have won the Job's Worth Award!

The product: 100ml lactulose! It appears that in certain areas of the country it is more than a pharmacist's job's worth to sell less than 200mls even to a lady who is on holiday and only wants 100mls.

Thanks to Crocdales in Bury St Edmunds for saving pharmacy's face.

K McClelland
Maghaberry, Belfast

Pseudoscramin.

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PSNC: too large and unbalanced? Alan Smith poses the question to his old committee

I read with great interest the comments by Xrayser of March 26. Xrayser rightly draws attention to the "more actively fought local pharmaceutical committee elections" and noted that, if anything, there was even more member interest in the employee elections. Xrayser also stated that "if they are not employed by one of the large multiples, the effective block vote ensures that other employees will never be elected".

I also feel that it would be far more democratic if employee pharmacists were eligible to be elected to the Pharmaceutical Services Negotiating Committee. Currently, 15 pharmacy contractors are elected from the 14 NHS regions in England and one for Wales, and five pharmacy contractors are nominated by the board of the National Pharmaceutical Association. There are four registered pharmacists nominated by the Company Chemists Association and one registered pharmacist nominated by the Co-operative Technical Panel. It should be noted that the only way an employee pharmacist, rather

than a pharmacy contractor, can obtain a seat on the PSNC is if he is an employee of a member of the Company Chemists Association or is employed by a Co-operative pharmacy. The reason why some employee pharmacists are disenfranchised while others are not is not immediately obvious and I, personally, would support employee participation in all areas, particularly bearing in mind that over half the prescriptions in England and Wales are dispensed by employee pharmacists.

The present membership of the PSNC at 25 is too large and also does not reflect the present situation within pharmacy. The rapid growth of company pharmacies means that company chemists are under-represented.

Approximately one-third of all pharmacies are now owned by contractors who own five or more pharmacies and therefore company chemists should have eight seats rather than their present four. However, rather than increase the size of an already over-large committee, I would prefer to see the company chemists and Co-operative nominees retained at their present level and eight pharmacists (not necessarily contractors) elected from each of the new eight regions.

As Mr C. A. Jones stated in his letter, published on March 26

(p519): "This must surely be the time for total elimination of the NPA representation on PSNC". He continues by stating that "the NPA's real power must now not be centrally on the PSNC but locally at grass roots level". Perhaps part of the recent concern about NPA nominees on the PSNC is, in part, due to the question as to whether all the NPA nominees on PSNC actually do fit the description of a pharmacy contractor as required in the PSNC constitution.

Alan J Smith
Waterperry, Oxon

Billington and Clitherow — hard acts to follow

Following the recent elections to PSNC I would like to take this opportunity of thanking contractors in the Mersey region for electing me as their representative on PSNC. It is an honour and a privilege to be able to serve all my fellow pharmacists to the very best of my abilities and to have their trust placed in me. Throughout my term of office I will regularly visit LPCs within the region and I am very happy to discuss with individual contractors any issues which they may wish to raise.

I have a hard act to follow. My

predecessor, as Mersey regional representative, Mr David Billington, has been a member of PSNC for many years and during that time has served community pharmacists very well, both within his region and nationally. His regular visits to LPCs and ready availability to give advice has been very much appreciated by contractors of all sizes and types. His service to PSNC has been equally hard-working and led to his election, by the Committee, as its deputy chairman.

Jeremy Clitherow is equally hardworking in the interests of community pharmacists and has served on PSNC as an appointee of the NPA. I know that the committee will miss his dynamism and enthusiasm, but as secretary of Liverpool LPC, surely one of the most active in the country, and a member of the NPA Board, I am sure that community pharmacy will continue to benefit from that same dynamism and enthusiasm.

The task in front of the new committee is a very great one, but I am looking forward to working with Jeremy, his Committee and all the other Mersey region LPCs in the years ahead.

Steven J Williams
PSNC Mersey regional
representative elect

Pharmacy not a charitable trust — PSNC to count cost

Is it possible that the Department of Health takes the community pharmacy as a charitable institution? I certainly believe that the Pharmaceutical Services Negotiating Committee thinks so.

I have today supplied a patient with almost seven months' medication (copy of the FP10 was attached and is presented below). My financial reward will be the princely sum of just under £4! I am supposed to rejoice because I have not failed in my duty to look after this sick and needy patient. In so doing, if my family was to starve, so be it.

The sooner our so-called negotiators come to their senses the better, because it will not be too long before they will not be in office to negotiate anything for anybody.

D H Patel
Bedford

Editor, The script read:

- Voltarol Retard 10d mitte 200
- Propanolol 10mg 10d mitte 200
- Nitrazepam 5mg 1 on alternate nights mitte 50

Multiples' block voting power questioned

I read with agreement Xrayser's comment (March 26) on the recent local pharmaceutical committee elections. I was fortunate enough to be voted onto the LPC in Bradford as an employee representative (many thanks to those that voted for me) together with two other Boots' employees. I do not have anything against the successful candidates personally and have a high regard for them as individuals. However, it concerns me that a big multiple could canvass enough votes to oust two sitting members of the LPC and there is very little independents can do about it.

The new Bradford LPC will now have in its composition a total of four Boots' employees, two as employee representatives and two as representatives of the Company Chemists Association. No one can accuse Boots of under-representation! I do not seek to ban the new members, but to show how easy it is to manipulate the rules to a multiple's advantage. By the very nature of the beast that we are, as independent contractors (or employees) there is no common forum apart from the National Pharmaceutical Association where we could use our power and influence as a cohesive voice to promote

individual candidates. Even then I would hesitate on how the NPA could help us to promote candidates for LPC elections.

The Pharmaceutical Services Negotiating Committee has set up a working party to look at the composition of LPCs. It is awaiting submissions from individuals and companies alike to suggest ways to achieve fairer representation. Perhaps it could not only come up with a solution as to the constitution of future LPCs but also to give a platform to those "enthusiasts" (Xrayser's words!) who want to stand for election to the LPC.

Gary Choo
Keighley

Bond says over and out to PSNC

May I thank all those who voted for me in the recent South Western Region election to the Pharmaceutical Services Negotiating Committee.

I would like to take this opportunity to congratulate Tony Allen and wish him and all the other "new blood" the best of luck in finding imaginative and constructive ways for turning the fortunes of the profession around.

The PSNC's task has never been easy and now more than ever it needs massive support

and commitment from all contractors and local pharmaceutical committees. In many regions, contractors — including its journalist members — having sent a clear message, can no longer afford the luxury of sniping from the sidelines.

Andrew Bond
Somerset



Dublin Drug have chipped in with a substantial donation towards the cost of relocating the School of Pharmacy, Trinity College, Dublin to a new site on Pearse Street: chairman Eoin Leavy MPSI (right) makes the donation to School director Val Harte

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There are two main types of accounts:

- a) **Profit and loss account (P&L)** This is really two accounts; a profit account that details the income for the period and a loss account that details the spending for the period to which the accounts refer. They are usually presented together.
- b) **Balance sheet** This is a cumulative statement of the financial position of the business over time rather than being restricted to the time period for which the P&L accounts refer.

Compilation

- a) **Money measurement concept** The £ standard is used to express the performance and activities of a business. The main disadvantage with this is that inflation and devaluation are not taken into account.

- b) **Accruals concept** Income collected and costs paid out are matched with one another so far as their relationship can be established or justified for the period to which they relate.

- c) **Consistency concept** The way the accounts are presented will be similar from one accounting period to the next.

- d) **Prudence concept** Profits are not anticipated but are included in the P&L account only when obtained as cash or assets. Where the value of an expense or loss is not known, it is estimated and where there is inconsistency between the accruals and the prudence concepts the latter should take precedent.

- e) **Business entity concept** Accounts reflect business activities only and not private activities of the proprietor(s) or the shareholders.

- f) **Going concern concept** An indefinite period of operation for the business is assumed. Accounts prepared for the purpose of winding-up the business may be compiled differently.

- g) **Historical cost concept** Assets and liabilities are accounted for on the basis of their historical cost which will often not equate to current or replacement cost.

- h) **Dual aspect concept** There will be a claim to the assets (possessions) of the business from; the owner(s), shareholders and creditors, such as wholesalers or the bank. The total assets — what the business owns are equal to the total liabilities — the claims on the business.

- i) **Realisation concept** Income is considered to have been earned on the date when goods or services have been supplied under a contractual obligation.

- j) **Matching concept** Expenses must be claimed against income in that accounting period for which they refer.

Accounting jargon

Many of us do not know our assets from our expenditures.

- **Capital** of a business is taken to be the owner's or the shareholders' claim to the assets of the business after other liabilities (owings) have been deducted.

- **Revenue** represents sales plus

Managing your ACCOUNTS



In the first of our "Managing to survive" series, community pharmacist Dr Terry Maguire addresses basic accounting principles and introduces, *Chemist & Druggist's* fictitious pharmacist, Mr Whitecoat

any other income, such as consultancy fees, obtained by the operation of business. In a community pharmacy this will normally be sales through the till plus NHS payments for drug costs and professional fees.

- **Capital reserves** represents the permanent capital not available as cash such as the investment in a building whereas the revenue reserves (general reserves) represents an accumulation of past profits and which is available as cash if required.

- **Expenses** are those costs that result solely from the operation of the business — the expenses incurred with the earning of revenue (C&D March 12, p434).

- **Expenditure** refers usually to capital spending from which several accounting periods will derive benefit. Refitting the pharmacy would, therefore, be expenditure rather than expenses. Expenses would include staff wages, lighting

and heating.

- **Assets** are the possessions of the business and can be divided into a number of types.

Fixed assets refer to those items required for continuous use in the business and not for immediate conversion into cash. Many accounting periods will therefore derive benefit from them. They include land, buildings, fixtures and fittings and motor vehicles. **Current assets** refer to the cash or other possessions which are intended for ready conversion into cash. Their life is anticipated to be limited and they include cash, stock, debtors, raw materials and work in progress.

Intangible assets refer to those items on the books of the business but which have no physical form. In pharmacies the most common intangible asset is "goodwill" and you will find that bank managers do not put much store by such assets.

- **Liquidity** indicates how well

current obligations can be met with current assets ie cash.

- **Solvency** is defined as the ability of a firm to meet obligations by using all current assets. In some cases a business may be solvent — have enough assets to cover its liabilities but not liquid — having insufficient stock or cash to cover its day-to-day obligations. This situation is obviously serious but may be remedied by, for example, selling off a building and relocating the business to a more busy location.

- **Depreciation** of a capital item such as a car or fixtures and fittings aims to distribute the cost over the estimated useful life of the asset in a systematic and rational manner. At the end of this period the asset might have a salvage value and this must be considered.

Calculating depreciation

There are two main ways of calculating depreciation (1) a straight line method (linear) and (2) a reducing balance method. You must establish the cost of the asset, including installation costs; the estimated useful life of the asset; estimated salvage or resale value; and the depreciation method.

- 1) **Straight line method (fixed instalment)** The asset depreciates equally with time. For example shop-fittings which cost £2,100 and have a 10 year life with a salvage value, when they are sold, of say £100, could be shown to depreciate:

$$\text{Depreciation} = \frac{£2,100 - 100}{10} = £200 \text{ per annum}$$

- 2) **Reducing balance method (diminishing balance method)** This method assumes that an asset depreciates more rapidly in earlier years. It will, however, go to infinity not allowing an asset to ever be written off.

For example, using this method, the depreciation of the fixtures and fitting in year one would be approximately £500 whereas in the tenth year, the depreciation will be around £30

Balance sheet

For every item on the balance sheet there must be a corresponding account listing each transaction.

Taking the dual entry system of accounts in its simplest form, Mr Whitecoat MRPharmS decides to invest £10,000 in a business. The original balance sheet would therefore reflect this.

This balance sheet accounts for the origin of the capital and shows that, whereas the assets of the business is £10,000, it is offset by a claim by Mr Whitecoat to the money.

In the next "Managing to survive" article, we read between the lines of Mr Whitecoat's accounts.

Dr Maguire is course co-ordinator for the Diploma in Community Pharmacy at the Queen's University of Belfast.

Original balance sheet

Owner's equity	£	Fixed assets	£
Mr Whitecoat's capital	10,000		-
Current liabilities		Current assets	
	-	Cash in bank	10,000
	10,000		10,000

Unichem expand by 21

Unichem have bought 21 new pharmacies in the last few weeks, ten in Humberside, one in London and the rest scattered throughout the rest of Northern England.

The Humberside pharmacies come under the Brocklehurst banner and were sold for around £2.44 million. Unichem will raise the funds by issuing 220,604 ordinary shares at 10p each, loan notes of £420,000, with the rest paid for in cash.

Seven out of the ten will convert to Moss outlets, while the remaining three were sold back to former Brocklehurst directors for £457,000 cash on the same day as the main transaction.

According to Moss Chemists acquisition and franchise director Malcolm Bayly, the four directors wanted to sell the shops as a company and therefore as a group of ten. Under the deal, Unichem

then sold back the three shops, which lie in a discrete geographical area, to two of the former directors. The other two will retire.

One of these bought-back shops was freehold, the other two leasehold. Using Unichem as a wholesaler was not written into the buy-back deal, says Mr Bayly.

Brocklehurst made sales of over £4.5 million in the year to June 30 last year. Net assets were £577,499.

Unichem have also bought the R.B. Dreifuss pharmacy in Morden, south London, for £480,000 plus not more than £350,000 for net current assets.

Unichem will issue 134,454 ordinary shares at 10p each to pay for the acquisition, with the rest made up for in cash.

In the year to September 1993, Dreifuss made sales of £790,000 and say they had net current

assets of some £260,000.

C&D understands that Unichem bought a chain of ten shops last week with outlets from the Midlands to the North East of England. They were due to make an official announcement to the Stock Exchange after C&D went to Press. Details to follow.

Boots test drug market

Boots have appointed a merchant bank to look into how their troubled drugs division might be restructured, or if rumours prove true, sold off.

A company spokesman confirmed Press reports that Credit Suisse First Boston have been brought in to assess the pharmaceutical market.

They would be evaluating the business, targeting possible future buyers and assessing how much they would be prepared to pay for it. The process would have no time limit.

The spokesman stresses, however, that Boots have made no definite decision to sell the division; this is just one option.

Troubles within the drugs division stemmed from the costly withdrawal of their heart drug Manoplax. Some £35 million was set aside to pay for costs associated with this withdrawal.

Condom prices relaxed

The makers of Durex have had price controls on condoms lifted after the findings of a Monopolies and Mergers Commission report.

On the down side, LRC Products have been asked not to enter into any more exclusive purchasing supply agreements whereby wholesalers and retailers agree only to stock their condoms. The MMC found that such agreements operated against the public interest, even though none existed at the moment.

Before the MMC's latest report, LRC was subject to a form of profit control in 1975, which was later replaced by direct price control in 1982. These two earlier MMC reports limited trade and not retail prices.

Now LRC, supplier of three-quarters of the UK's condoms, will be able to set their own prices in this country, as they do in the rest of the world.

"It will now be commercially more attractive for other suppliers to enter the UK market," says LRC Products managing director Andrew Slater. "And this will lead to greater choice for consumers."

Prices will however rise, at least in the short term, according to evidence presented to the Commission.

UK OTC pharmacy and grocery sales (rsp)

	1992 £	1993 £	Growth £ (vol)	Share %
UK OTC pharmacy and grocery	1033.4	1172.7	13.5 (5%)	100
Pain relievers	180.8	195.6	8.2 (1.8)	16.7
Skin treatments	108.2	127.9	18.2 (6)	10.9
Cold remedies	86.1	96.4	12 (5.4)	8.2
Cough remedies	58.6	64.7	10.3 (4.8)	5.5
Sore throat remedies	70.3	80.7	14.8 (12.1)	6.9
Indigestion remedies	58.1	64.8	11.6 (3)	5.5
Topical pain relievers	17.3	18.7	8.5 (-2)	1.6
Vitamins/minerals*	72.9	79.2	8.6 (0.4)	6.8
Oral hygiene	45.1	50.1	10.9 (1.9)	4.3
Laxatives	33.2	34.4	3.5 (1)	2.9
Eyecare	34	37.4	10.4 (6.6)	3.2
Acne treatments	11.2	10.9	-2.6 (-3.6)	0.9
Smoking cessation	21.8	63.4	190.8 (78.6)	5.4
Hayfever remedies	18.3	19.1	4.5 (-0.8)	1.6
Food supplements**	107.8	107.9	2.5 (-4.3)	9.2
Antidiarrhoeals	16.3	17.8	9.6 (3.8)	1.5
Antihaemorrhoid	9	9.5	5.6	0.8
Stomach remedies	13.7	14.2	3.6 (-5.3)	1.2
Cystitis treatments	3.9	4.1	5.7 (-0.4)	0.3
Travel sickness	2.8	3.6	25.7 (15.1)	0.3
Earcare	2.6	2.7	4.4 (-3.4)	0.2
Calming/sleeping	2.5	3.4	34.2 (30.7)	0.3
Worm treatments	1.9	2.1	9.9 (6.7)	0.2
PAGB members	976.4	1108.6	13.5	

*Including estimates for sales in health food stores and drugstores but not own label products

**Including estimates for sales in health food stores and drugstores

Data comprises IMS pharmacy and Nielsen grocery data (excluding own-label in grocery). It includes estimates for Boots (except Boots own-label OTC products). The report excludes drugstores and health food shops unless otherwise stated. Volume data relates to sale of single packs

OTC market growth fuelled by new products

New products with new ingredients, POM to P switching and price rises have all contributed to a 13.5 per cent growth in the over-the-counter market.

This self-medication market has now reached £1.17 billion, according to an IMS report.

Alongside growth in value, there has also been a 5 per cent volume rise, driven by the popularity of nicotine patches, strong cough/cold seasons at the start of 1993 and new product launches.

The fastest growing category was smoking cessation with a 190.8 per cent increase in value and 78.6 per cent volume rise. Reasons for this rapid growth, say the Proprietary Association of Great Britain, include the products' national television advertising coverage,

endorsement by health professionals, and supporting research data since their availability OTC in late 1992.

Calming and sleeping products also did well, growing 34.2 per cent in value and 30.7 per cent in volume. This category was advertised for the first time on national television during 1993, increasing awareness of their availability OTC. New products were also introduced onto the market.

Growing awareness of vaginal thrush treatments available without prescription and the launch of Zovirax were the main factors promoting growth in this sector, says the PAGB.

But it was flu epidemics at the start and the end of the year and not new products that boosted sales of sore throat, cough and cold remedies.

Classified

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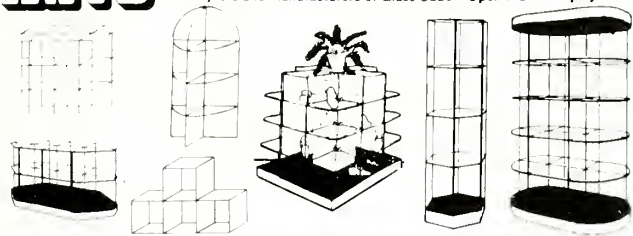
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Golden opportunities

John Sloan is pharmacist by day, athletics coach by night, and was paralympic coach in Barcelona in '92. Jo Grimes finds out how he fits it all in

John Sloan has two obvious passions in his life — his family and sport. Luckily for him, the two are not mutually exclusive.

John's interest in sport has taken him all the way to Barcelona where he was the coach for the wheelchair team at the paralympics in 1992. But really it is all thanks to his son — Phil — that he was able to be there at all.

Phil Sloan has been involved in athletics since the tender age of ten. In 1984, he was ranked as the number three youth sprinter in Britain. Then the family moved and found no coach in their new area for Phil. At that point, John Sloan took it upon himself to coach his son.

John spent around five years taking coaching exams and is now a senior athletics coach, which he manages to fit in somehow with his job at Daniels Pharmaceuticals, where he is the manufacturing general manager.

Football captain

John's interest in sport dates back as far as he can remember. Certainly as far back as his college days at Sunderland Polytechnic, where he was captain of the football team which won the UCAL cup in 1964.

Through his coaching, John met John Anderson, who was to become chief coach to the paralympic team for the 1992 Barcelona Olympics — although probably better known to many as the referee on LWT's "Gladiators".

As the Olympics approached, Mr Anderson decided to ask coaches who usually train able-bodied athletes to train the disabled athletes for specific events and John Sloan found himself on the way to what he describes as: "A once in a lifetime experience, and one that I am very glad I did not miss."

John worked towards speed training with the athletes through the Winter before Barcelona. Speed training was a new tack for the team and John's success speaks for itself. The British team was 200-strong and John's squad comprised 14 members. From the squad of 14 came seven medals; they broke eight world records; set 13 new UK records; set 29 personal bests and broke old paralympic records on 26 occasions.

However, to put this in context, John explains that the paralympic games are still developing and so one could expect a number of records to be broken. But the British team has never done this well before.

One of the gold medals was won by Andy Hodge in the 100m event. John had worked with Andy in the weeks running up to Barcelona and Andy had not been the favourite for his race. In the preparation races in England, Andy had got closer and closer to winning. At the games, John helped to prepare Andy mentally for the race and helped with his start which had been poor in the heats. When Andy got a good start and won the race, John described it as "the greatest thing I have ever done in athletics".

"To have been there all the way and then finally win — we were over the moon," he added. Some 15 minutes after Andy's race, Tanni Grey took to the track and won gold again for Great Britain. "Our flag was up twice in 15 minutes," said John.

At that stage the TV companies present tried to get

an interview with John. "I didn't want a lot of publicity for myself, but I had to have a chat with them," said John. At the paralympics, coaches were not offered the sort of advice on how to deal with the media that coaches for the Olympics received.

Managing helps

During nearly 30 years in the pharmaceutical industry, John Sloan has gathered a lot of management experience. All this was called into practice in Barcelona when one of the contestants, taking part in her first paralympics, decided she could not go through with her race. She thought that she would be lapped during the race, there were tears and she was getting very worked up about the whole thing. "It took all my years of experience to get that girl out onto the track. We went through all her

training and all the work she had put in for the games," said John. In the end she was lapped twice during the race by the leaders but she broke the UK record — a major achievement at her first Olympics.

Another close call was when, in the warm-up hall, one of the athletes burst a tyre on their wheelchair. John had little experience of wheelchair technology, but with the help of a colleague managed to change the wheel. The athlete went off for another warm-up lap and disaster struck — the other tyre blew out (only one spare is carried for each chair). John had to think quickly and went off in search of another team who might lend them a tyre. The Europeans were not very helpful, John recalls, but the American team immediately came to the rescue. The tyre was quickly changed and the athlete made it to his race with seconds to spare.

John was disappointed in the lack of media coverage the event received in Britain. It was better than the amount of coverage from Seoul, says John, but compared to other European countries it was poor.

"I fear for how we would have treated this event should it have been held in Britain," he said, "I can't envisage so many fans turning up over here. We are still not natural with disability. There seems to be more disabled people in the southern Mediterranean countries and as a result they are much more caring and supportive of disabled people."

John spends two evenings and the weekends coaching his able-bodied team. His wife, Shirley, describes athletics as "the next worst sport to golf". However, she and daughter Julie have been supportive as the background team and enjoy watching the squad compete.

The future

World championships are held every two years. There will be one this year in Berlin. The paralympics follow the Olympics every four years.

John has other commitments, including a change of job, and cannot help the wheelchair team towards the world championships this year. In 1996, the next paralympics will follow the Olympics in Atlanta, USA. John has the chance to coach the team again, but he says he has not made up his mind whether or not to go.

"Atlanta is still a possibility," says John. Personally I think they will manage to persuade him somehow!



John Sloan with medal winners Tanni Grey (left) and Andy Hodge

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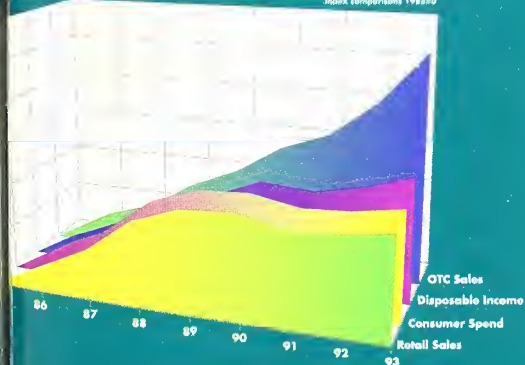
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